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ABSTRACT

This document presents Part Two (pages 433-672) of the joint hearings held May 25 and 26, 1971 before two subcommittees of the Committee on Labor and Public Welfare. The hearings were designed to ammend the Economic Opportunity Act of 1964 to provide for a comprehensive child development program in the department of Health, Education and Welfare and related bills. Part Two includes a chronological listing of witnesses and an alphabetical listing of statements. Additional information consisting of 6 articles and publications relating to industry and union sponsored day care, group care for children under three, and kindergarten appears along with copies of communications sent and reprints of two tables pertaining to aspects of budget and expenditures. Part One (pages 1-432, May 13 and 20) is available as PS 005 106. Part Three (pages 673-930, May 27 and June 16) is available as PS 005 108. (WY)

COMPREHENSIVE CHILD DEVELOPMENT ACT OF 1971

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JOINT HEARINGS

BEFORE THE

SUBCOMMITTEE ON
EMPLOYMENT, MANPOWER, AND POVERTY

AND THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

OF THE

COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

NINETY-SECOND CONGRESS
FIRST SESSION

ON

S. 1512

TO AMEND THE ECONOMIC OPPORTUNITY ACT OF 1964 TO PROVIDE FOR A COMPREHENSIVE CHILD DEVELOPMENT PROGRAM IN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

AND RELATED BILLS

MAY 25 AND 26, 1971

PART 2

Printed for the use of the
Committee on Labor and Public Welfare

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COMPREHENSIVE CHILD DEVELOPMENT ACT OF 1971

TUESDAY, MAY 25, 1971

U.S. Senate,
Subcommittee on Employment, Manpower,
and Poverty, and the Subcommittee on
Children and Youth of the Committee on
Labor and Public Welfare.
Washington, D.C.

The subcommittees met at 10 a.m. in room 1318, New Senate Office Building, Hon. Walter F. Mondale (chairman of the Subcommittee on Children and Youth) presiding.

Present: Senators Walter F. Mondale, Richard S. Schweiker, and Robert Taft, Jr.

Committee staff members present: A. Sidney Johnson III, professional staff member; John K. Scales, minority counsel.

Senator Mondale. The committee will come to order.

Our first panel of witnesses represents organized labor: Mr. Kenneth Young, of the AFL-CIO; Mrs. Evelyn Dubrow, representing the International Ladies Garment Workers Union; and Miss Jane O'Grady, Amalgamated Clothing Workers of America.

Would you please come to the witness table. Good morning, and we are delighted to have you here.

STATEMENT OF KENNETH YOUNG, ASSISTANT DIRECTOR, DEPARTMENT OF LEGISLATION, AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS; ACCOMPANIED BY MRS. EVELYN DUBROW, INTERNATIONAL LADIES GARMENT WORKERS UNION; AND MISS JANE O'GRADY, AMALGAMATED CLOTHING WORKERS OF AMERICA

Mr. Young. Mr. Chairman——

Senator Mondale. First of all, permit me to say how much we appreciate the work each of you has done in helping to develop testimony in this area. As we hear from other witnesses, I think we are beginning to find that it does represent the best cross section of what we must do in this area, and we thank you for your support and your work.

Mr. Young. Thank you, Mr. Chairman.

My name is Kenneth Young. I am the assistant director of the AFL-CIO Department of Legislation. Mr. Chairman, I am not an expert on comprehensive child development, but I do not believe it takes an expert to recognize today's problems in this area.

The members of this subcommittee are well aware of the survey conducted by the Women's Bureau of the Labor Department in 1965.

The survey looked into the kind of care provided for the 12.3 million children under the age of 14 of this country's working mothers. Among other statistics, the survey showed that 46 percent of these children were cared for at home, 16 percent by relatives outside the home, 15 percent by mothers on the job, 8 percent were left to care for themselves, and only 2 percent were enrolled in any kind of day care center.

Today, the situation is much worse. The number of working mothers has almost doubled. The available space in licensed child care centers provides for less than 40,000 additional children.

At the same time, the present welfare crisis has led to an increased emphasis in finding jobs for mothers and a decreased interest in providing decent care for their children. Far too many people in both the executive and legislative branches of our Government are demanding that the mother get off the welfare roll—even when it means the minimum of custodial care, or no care at all, for her children.

The AFL–CIO is convinced, Mr. Chairman, that such a policy is disastrous. These children of the poor are already disadvantaged. To further deprive them of opportunity in their most formative years is to make them doubly disadvantaged. If these children spend their early years neglected in a backroom or left to roam the streets unattended, the next generation will face problems much more severe than the cost of welfare.

The Comprehensive Child Development Act of 1971 recognizes these problems and provides effective solutions. The AFL–CIO fully supports S. 1512.

The AFL–CIO Executive Council, on February 19, 1971, adopted a statement calling for early congressional enactment of legislation providing for a national program of comprehensive child development. I would hope, Mr. Chairman, that this Executive Council statement can be made a part of the record.

Senator **Mondale**. I would make the statement which is attached to your testimony part of the record, following your testimony.

(The prepared statement of Mr. Young follows:)

STATEMENT OF KENNETH YOUNG
AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS
BEFORE THE SUBCOMMITTEE ON EMPLOYMENT, MANPOWER AND POVERTY AND THE SUBCOMMITTEE ON CHILDREN AND YOUTH OF THE SENATE LABOR AND PUBLIC WELFARE COMMITTEE ON THE COMPREHENSIVE CHILD DEVELOPMENT ACT OF 1971 (S. 1512)

May 25, 1971

My name is Kenneth Young. I am the assistant director of the AFL-CIO Department of Legislation. Mr. Chairman, I am not an expert on comprehensive child development, but I do not believe it takes an expert to recognize today's problems in this area.

The members of this Subcommittee are well aware of the survey conducted by the Women's Bureau of the Labor Department in 1965. The survey looked into the kind of care provided for the 12.3 million children under the age of 14 of this country's working mothers. Among other statistics, the survey showed that 46 percent of these children were cared for at home, 16 percent by relatives outside the home, 15 percent by mothers on the job, eight percent were left to care for themselves, and only two percent were enrolled in any kind of day care center.

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I would like to comment briefly on some of the specific provisions of S. 1512. The AFL-CIO supports the authorization figures included in the bill as a realistic beginning. We know that more is needed, just as we are sure that many members of this Subcommittee share these views. We also are realistic and recognize the difference between an authorization and an appropriation that can be signed into law. In supporting the amounts in this bill, the AFL-CIO wants to make it clear that it will fight for full funding and resist efforts to cut back during the appropriations process.

The AFL-CIO endorses the flexibility in the use of federal funds provided in Sec. 514. The broad range of services and activities is required if the partnership of parents, community, and local government is to work. This flexibility permits localities to plan and meet their specific needs.

Sec. 515, spelling out the eligibility for prime sponsors, is a key part of the bill. This section guarantees local participation and makes it clear that S. 1512 is not viewed as "state plan" legislation. The states have had a minimum of experience with child care programs while there is ample evidence that many states are unresponsive to the needs of minority groups and the poor. The AFL-CIO would urge the Subcommittee to resist any efforts to place population cut-off figures in this section. Such figures quickly become the subject of legislative negotiations with -- of course -- the higher the cut-off figure, the closer the bill approaches a state plan.

The AFL-CIO also strongly endorses the Child Development Council and Local Policy Council concepts of the bill. The two type councils have distinctly different functions. We urge the Subcommittee to oppose any attempt to turn the Local Policy Councils into advisory bodies. As now written into the bill, the LPCs serve as the sole guarantee that programs will not be handed down from somewhere "above" over the objections of participating parents. At the same time, the bill provides the necessary "balance of power" permitting elected local officials to exercise their responsibilities.

While the AFL-CIO is glad to see that Sec. 516 (b)(1) provides for the establishment of Local Policy Councils at the workplace -- thereby permitting parents to utilize their unions -- we want to make it clear that we expect most union members to participate in community centers. This is as it should be, but we are glad that both options are available.

Sec. 517 deserves special comment. We fully endorse the program priorities *in terms of the limited* funds that will be available. Further, where union members have incomes above the "economically disadvantaged" level defined in the bill, they are willing to pay their fair share. There is no question that the economically disadvantaged need the most help. They lack the funds to go elsewhere. As the Subcommittee undoubtedly recognizes, using the present level of $6960 for an urban family of four, it is possible for both the husband and wife to work 40 hours a week, 52 weeks a year, at the current Federal minimum wage and still come within the "economically disadvantaged" definition.

The AFL-CIO likewise endorses the requirements of Sec. 517 for a socio-economic mix "to the extent feasible" as being both morally and educationally sound. We endorse the protection of ongoing Headstart projects in keeping with the AFL-CIO's long-standing support of this proven program. We wish to emphasize our agreement with the need for direct parent participation.

We also approve of the provisions creating jobs in child development programs. Such jobs will help provide community service as well as desperately needed employment.

And, finally, the AFL-CIO supports the creation of Federal child care standards, a uniform code for facilities, and the inclusion of construction funds. All three of these provisions are needed in any comprehensive child development legislation.

In summary, then, the AFL-CIO is glad to have had the opportunity to work with a coalition of organizations as well as a bipartisan group of Senators in helping to develop this legislation. We reiterate our support for S. 1512 and pledge our support in working to secure its passage. The AFL-CIO is convinced this legislation is long over-due.

Thank you.

(The prepared statement of the AFL-CIO Executive Council follows:)

PS 005107

Statement by the AFL-CIO Executive Council

on

Comprehensive Child Care

Bal Harbour, Florida
February 19, 1971

Despite the proven need, America has failed to provide any mechanism for pre-school comprehensive child care. Too often, mothers seeking employment face the choice of remaining home or leaving their children with neighbors.

Headstart has shown the benefits gained by bringing a full range of health, education and social services to the pre-school poor. Nevertheless, the total number of comprehensive child care centers remains pitifully small and custodial care -- for the children of working parents -- is more the rule than the exception.

The need for child care resources is great and growing. It reflects the increasing participation of mothers in the nation's labor force. The number of working mothers has increased more than seven times since 1940, and has more than doubled since 1950. There are, at the present time, approximately 13 million women with children under age 18 who are in the labor force. More than four million of these women have children under age 6.

Furthermore, the number of women workers is expected to grow rapidly in the years to come, and, in fact, is expected to increase faster than the number of men workers. It is estimated that by 1980, the labor force will include more than 5 million mothers between the ages of 20 and 44 who have children under age 5. This would represent an increase of more than 40 percent in the number of such mothers just over the next decade.

The AFL-CIO Executive Council calls for early Congressional enactment of legislation providing for a national program of comprehensive child development. Such a program should include Federal standards as well as sufficient funds to finance the operation and -- where necessary -- the construction of child care centers throughout the country.

The AFL-CIO supports legislation providing child care for all children, but with first priority given to children of working mothers and the poor.

The extent of federal financing at any child care center can be determined by the level of family income. Federal aid should be directed toward promoting a partnership between parents, community groups such as local unions, employers providing day care services and local governments.

Senator Mondale. I hope you will express to the present meeting and to the Executive Council our deep appreciation for their strong statement on this point. I think it will be very, very helpful to us.

Mr. Young. I would be glad to do that.

I would like to comment briefly on some of the specific provisions of S. 1512. The AFL–CIO supports the authorization figures included in the bill as a realistic beginning. We know that more is needed, just as we are sure that many members of this subcommittee share these views. We also are realistic and recognize the difference between an authorization and an appropriation that can be signed into law. In supporting the amounts in this bill, the AFL–CIO wants to make it clear that it will fight for full funding and resist efforts to cut back during the appropriations process.

The AFL–CIO endorses the flexibility in the use of Federal funds provided in section 514. The broad range of services and activities is required if the partnership of parents, community, and local government is to work. This flexibility permits localities to plan and meet their specific needs.

Section 515, spelling out the eligibility for prime sponsors, is to us a key part of the bill. This section guarantees local participation and makes it clear that S. 1512 is not viewed as "State plan" legislation. The States have had minimum of experience with child care programs, while there is ample evidence that many States are unresponsive to the needs of minority groups and to the poor. The AFL–CIO would urge the subcommittee to resist any effort to place population cutoff figures in this section. Such figures quickly become the subject of legislative negotiations with, of course, the higher the cutoff figure, the closer the bill approaches a State plan.

The AFL–CIO also strongly endorses the Child Development Council and Local Policy Council concepts of the bill. The two type councils have distinctly different functions. We urge the subcommittee to oppose any attempt to turn the Local Policy Councils into advisory bodies. As now written into the bill, the LPC's serve as the sole guarantee that programs will not be handed down from somewhere "above" over the objection of participating parents. At the same time, the bill provides the necessary balance of power, permitting elected local officials to exercise their responsibilities.

While the AFL–CIO is glad to see that section 516(b)(1) provides for the establishment of Local Policy Councils at the workplace—thereby permitting parents to utilize their unions—we want to make it clear that we expect most union members to participate in community centers. This is as it should be, but we are glad that both options are available.

Section 517 deserves special comment. We fully endorse the program priorities in terms of the limited funds that will be available. Further, where union members have incomes above the "economically disadvantaged" level defined in the bill, they are willing to pay their fair share There is no question that the economically disadvantaged need the most help. They lack the funds to go elsewhere. As the subcommittee undoubtedly recognizes, using the present level of $6,960 for an urban family of four, it is possible for both the husband and wife to work 40 hours a week, 52 weeks a year, at the current Federal minimum wage and still come within the "economically disadvantaged" definition.

The AFL-CIO likewise endorses the requirements of section 517 for a socioeconomic mix "to the extent feasible" as being both morally and educationally sound. We endorse the protection of ongoing Headstart programs in keeping with the AFL-CIO's longstanding support of this proven program. We wish to emphasize our agreement with the need for direct parent participation.

We also approve of the provisions creating jobs in child development programs. Such jobs will help provide community service as well as desperately needed employment.

And, finally, the AFL-CIO supports the creation of Federal child care standards, a uniform code for facilities, and the inclusion of construction funds. All three of these provisions are needed in any comprehensive child development legislation.

In summary, then, the AFL-CIO is glad to have had the opportunity to work with a coalition of organizations as well as a bipartisan group of Senators in helping to develop this legislation. We reiterate our support for S. 1512 and pledge our support in working to secure its passage. The AFL-CIO is convinced this legislation is long overdue.

Thank you, Mr. Chairman.

Senator MONDALE. Thank you, Mr. Young, for a most useful statement and we are grateful to you and the AFL-CIO for their support.

Miss O'Grady.

Miss O'GRADY. Mr. Chairman, my name is Jane O'Grady. I am the Washington legislative representative of the Amalgamated Clothing Workers of America, AFL-CIO. The 400,000 members of this union work primarily in the men's, boys' and children's apparel industries, in the laundry and cleaning and dyeing industries, and in retail trade. They live in almost every State of the Nation: 80 percent are women; many are mothers of preschool and school-age children.

We want to commend you, Mr. Chairman, and the other members of your subcommittees, for the time and energy you have put into the development of S. 1512 to provide Federal funds for comprehensive child care. In the absence of broad-scale Federal support for child-care services, the Amalgamated Clothing Workers has taken steps to provide conprehensive child-care services for its own members. The standards and goals of S. 1512 closely parallel those which we have developed in our initial efforts to provide day-care services for our members. Let me tell you briefly about the child-care services we are not providing.

In our Baltimore regional area (which covers a geographical area composed of Maryland, Virginia, Delaware, North Carolina, and parts of Pennsylvania), there are now four operating child-care centers. In Baltimore City itself, we have a center which can serve 300 children. In Chambersburg, Pa., another center with capacity for 300 children is operating. In Staunton, Va., close to 240 children are being served. Two smaller centers exist, one in Hanover, Pa., for 80 children and one which will open in July in McConnellsburg, Pa., for 80 children. These centers take children of Amalgamated Clothing Workers members on an all-day basis, from the ages of 2 through 6. Meals, medical attention, educational and recreational activities are provided. In all cases, new buildings were constructed to house the day-care facilities. There is a small fee charged in these centers of $1 per day for these services. When all of these centers are operating at full capacity, approximately 1,000 children will be served in this region in our union.

Two of the centers in this region have kindergarten sections licensed by the State in which the centers are located. The other centers are making plans to institute a kindergarten program. They have moved into the kindergarten field as a natural expansion of preschool day-care activities. It has also met the problem to the working parents of children attending public kindergarten only half-day, and then needing transportation home and babysitting care when they get back home.

The Amalgamated Clothing Workers Chicago Joint Board has had in operation now for 1 year a center which serves 60 children of our union members in the city of Chicago—without charge. Again, the services provided are comprehensive—all-day, educational, recreational child development activities, coupled with nutritional meals and medical attention. This center makes a special effort to work with the parents of the children through group meetings and individual conferences and has found the parents eager to participate in the activities of the day-care center. The cost per child per year is $2,800. The Chicago joint board would like to expand its child-care services to three or four additional centers in the near future.

All of the centers have found that paraprofessionals working under the supervision and guidance of trained teachers are valuable members of the staffs. Given an opportunity to function at their fullest potential and not being delegated to menial tasks, they bring skills and ideas which supplement what the teachers bring and thus further enrich the lives of the children.

In about a year's time, the Laundry Workers affiliated with our union in New York will have a center in the city of New York which will handle about 150 children of their members. Operating plans for this center are now being developed and will follow the general pattern of our other centers—with several innovations. It is planned to bring in, on a pilot basis, about 20 children from the age of 3 months to 2½ years. Room will also be available for about 30 to 50 after-school children. The remaining slots will be filled by those needing full-day care.

In addition to the operating day-care centers, the Amalgamated Clothing Workers has donated a sum of $110,000 to the Johns Hopkins University so that the university might hold yearly symposia in early childhood education. The first such symposium was held at the Johns Hopkins University in February of this year. The papers presented there will be published for use by professionals in the field.

In summary, Mr. Chairman, we think we are operating the kinds of comprehensive programs which you seek to establish in S. 1512. We're trying to build in flexible programs—baby care, after-school care—toward which S. 1512 also aims. Our administrative structure involves parents in the planning of programs. We are training and using paraprofessionals in our programs—highly successfully. We found it necessary to invest in new buildings for our centers, underlining the merit of providing construction moneys in Federal day-care legislation. And we are trying to stimulate research on child development just as S. 1512 seeks to do in a National Center for Child Development. We are, I must pointedly add, expending quite a bit of money. Without money, the subject of child care is merely conversation.

We know that the efforts of the Amalgamated Clothing Workers and other unions will not meet the national need in the area of child care.

The efforts and good will of the private sector must be augmented by a Federal program. The financial resources of the regional areas of our union will not be available to many labor and community groups that could sponsor day-care centers. They will need Federal help.

The union tries to contribute to the lives of its members by providing health and welfare benefits, pension benefits, as well as decent wages and working conditions; we provide our day-care services in the same spirit—as another contribution to improving the quality of life of the members. We hope that this same concern for the quality of life of our total society will be found in the Congress. Day-care legislation must be a top priority goal in this session of Congress.

We in the Amalgamated Clothing Workers will work within the labor movement to see that such day-care legislation is passed. And we will be eager to participate under the mechanisms of this legislation to vastly expand day-care services. Our members need it, the Nation's children need it; we've developed some experience in operating day-care centers and we now would like to pitch in with the rest of the community to make such services available on a universal scale.

Mr. Chairman, one of our members, in expressing his satisfaction with the care his daughters were getting at one of our centers, put it this way: if he or any of the other parents made a mistake on the job and sewed something the wrong way on a garment, they could always rip out the seams and do it over again; but with parents and teachers in day-care centers, well, they were working with much more precious material where it was not so simple to redo a poor job.

Thank you.

Senator MONDALE. Thank you for an excellent statement.

If the committee permits, we will now hear from Evelyn Dubrow and then ask questions of the panel.

Mrs. DUBROW. Thank you, Mr. Chairman and members of the committee.

I would like permission to file a statement within the next several days. I just came back from a convention, our 34th triennial convention in Florida and I would like to tell this subcommittee that along with jobs and minimum wage legislation the problem of child care was the most talked about problem in the convention.

I would like to point out that our union has about 457,000 members, the majority of them living in either the mainland of the United States or Puerto Rico. The membership is made up of a mix of racial, religious, national origin backgrounds. Many blacks, many Spanish-speaking people, and now we are beginning to include some Chinese and some Indians. And this matter of child care obviously has become a very great problem as far as our union is concerned.

I want to pay tribute to the Amalgamated Clothing Workers for doing some work within the child-care field and I think their efforts should be applauded. However, in discussing the problem we have decided that it is so overwhelming that if we tried to duplicate what the Amalgamated is doing, it would only be a drop in the bucket as far as our union is concerned.

We believe very honestly that the answer to child care in this country is the passing of legislation such as S. 1512.

First of all, we consider child care not just something that is done for preschool children. We don't consider just having day-care babysitting projects the answer. We believe that children who go to elementary and high school need special care also, and we are very pleased to see that the legislation takes that into consideration.

It recognizes the need for helping to develop the child from the time he or she is a very tiny baby through the teens which are the important years as far as children are concerned.

Frankly, Mr. Chairman, I am a little shocked when I read in the newspapers that they consider this bill, only for people in the higher economy brackets. We do not agree. As a matter of fact, we believe that bill gives priority to workers; families who are in the lower income and middle income brackets.

Eighty-five percent of our members are women. Most of our membership lives in the Northeast and along the eastern seacoast we have rural and urban populations in our union, and both groups have problems.

I would like to say, first of all, that we endorse wholly the position of the AFL–CIO in support of S. 1512. But I would like to take a few minutes to describe some of the problems we find in our union that we think this kind of legislation would go a long way toward solving.

I should also like to say to you, Mr. Chairman, and members of the committee, that by convention mandate, we are going to put on a special campaign to work on such legislation as S. 1512. We hope that we can convince the House to enlarge on its legislation to include more than it does at the present time.

Senator **Mondale**. Did your convention pass a resolution?

Mrs. **Dubrow**. A very strong resolution which I will file with our statement, Mr. Chairman.

Senator **Mondale**. Very well.

Mrs. **Dubrow**. First of all, I would like to say within an urban center, taking New York, which is Senator Javits' home as an example, our members live all over the city. It would be impossible to have what we call "in-plant day-care centers." They would be valueless.

Many of our members have toyed with the idea if they cannot get proper day-care centers within their community, they would rather leave their jobs and go on welfare. Frankly, Mr. Chairman, I am getting a little upset with all the attacks on women who refuse to work and stay on welfare for the simple reason that most of them have children they are concerned about. Therefore they decide that they cannot work unless there are proper day-care facilities for their children.

On the one hand we talk about fighting poverty and establishing Federal welfare programs; we talk about training people for jobs but on the other hand we make no effort to take care of what is one of the biggest problems, particularly in an industry that has an overwhelming number of women workers; that is, the matter of day care—not just preschool day care but day care for children at least up to the ages of 14. I tell you now, that our women who would like to take jobs, many of them in order to supplement their incomes, have a difficult choice as to whether they should take care of their kids by staying at home and going on welfare or getting some other kind of supplementary relief.

In the cities we need to have community centers. There is no doubt about it. Our union stands prepared to cooperate with any group that wishes to establish them. I cannot tell you how many hours I, myself, have spent consulting with city and State groups in the hope that we could get such centers set up in our urban areas.

But let me also talk about our rural area problem.

Some of our plants are in rural areas of this country. For whatever reason, we are finding that a growing proportion of our membership now is in the southeast, the southwest, and sourthern Pacific area. Here the problem is entirely different in terms of day-care centers. Here in-plant day-care centers could be an answer although we still like to think that community centers are better. I would like to tell you about an attempt to get an in-plant day-care center in Spartanburg, S.C., without success although the union and the employer were willing to contribute both money and facilities. Because the Federal law did not permit any Government funds to be appropriated unless the State was willing to contribute a certain amount, we were not able to establish a day-care center that would have provided day-care facilities for the children and would have given 100 hard-core, unemployed mothers, black and white, the opportunity to work. I went to every appropriate agency in this city. I talked with White House people who were most concerned. I talked with Wilbur Cohen, then Secretary of HEW. I talked with Secretary Wirtz of the Labor Department. While they were all most sympathetic, the laws prevented them from putting Federal money into a day-care center that had as its goals one of the things which we talked about in fighting poverty in this country.

Now, this was in South Carolina. It is a racially mixed plant. It would have been a great thing in terms of integration of workers. Yet we had to give up the plans which included having two pediatricians: one black, one white, facilities for all-day care, including facilities for sleeping, eating, and handling the physical and recreational needs of the children.

So, Mr. Chairman, you can understand why we in the union welcome the introduction of S. 1512. We hope that its goals and its purposes will be made reality by the passage of the bill very swiftly and by appropriations that will take care of the situation.

I thank you for your time.

Our statement will go into more detail on the problems we have hit but I wish to say, Mr. Chairman, that you can count on my union to help in any way to augment the work of the AFL–CIO in this direction.

Senator **Mondale**. Thank you very much for a most useful statement. Thank you as well for the support of your union.

Do you have anything?

Senator **Schweiker**. Yes, I have a few questions.

Senator **Mondale**. Senator Schweiker?

Senator **Schweiker**. You go ahead.

Senator **Mondale**. The Amalgamated Clothing Workers has developed a very impressive program on their own. Does the union fund that?

Miss **O'Grady**. It is funded——

Senator **Mondale**. Exclusively from its own funds?

Miss **O'Grady**. No; from a trust fund to which the employer pays a contribution.

Senator **Mondale**. Is that part of the contract?

Miss **O'Grady**. Yes, sir; part of the collective bargaining agreement. The employer contributes to a trust fund, the purpose of which is to establish day care centers.

Senator **Mondale**. It is from these funds that these centers have been established?

Miss **O'Grady**. That is right; it is operating now as I said in two of our regional areas, in the Baltimore area for 3 years where we have four centers going. In Chicago it has been in operation for just 1 year.

Senator **Mondale**. You found, first of all, that it costs approximately $2,800 per year for full day comprehensive care.

Miss **O'Grady**. That is what the Chicago center found at year's end. Its operating costs were $2,800 per child. The figure may be a little lower in Baltimore. Some centers there are larger and there may be cost efficiencies as a result. Their costs may be between $2,000 and $2,500.

Senator **Mondale**. The emphasis is not just custodial care but a comprehensive treatment of the needs of the children?

Miss **O'Grady**. Yes.

Senator **Mondale**. Does it include health care?

Miss **O'Grady**. Yes; every child gets a medical examination before entering the health care center. In Chicago I have heard them talk of spending upwards of $500 on dental work for some of the children who come in. So there is attention before and a continuing program while they are in the centers of daily and weekly medical care as required.

Senator **Mondale**. That includes educational assistance?

Miss **O'Grady**. Yes; the whole thrust is to develop an educational comprehensive child development program.

Senator **Mondale**. It starts at age 3?

Miss **O'Grady**. Yes, in Chicago; I am not sure if that is a result of a requirement in the State of Illinois but the Baltimore regional area centers have started the children at age 2 and found it to be a very successful time to start.

Senator **Mondale**. Has there been any evaluation of the Baltimore effort yet? Has the union tried to see what is resulting from this effort that has been operating for 3 years.

Miss **O'Grady**. I am not sure we have the kind of evaluation that you are referring to. We have looked at it ourselves and as new centers have developed, we have tried to profit from our previous experiences, but there is no overall evaluation at the moment.

Senator MONDALE. Is there a single director of the program in Baltimore?

Miss O'GRADY. Yes; one person acts as administrator of the four centers plus a director of each center who works under that administrator.

Senator MONDALE. You might have the director write us a letter of what he thinks is happening in these centers, what has been done, and what have been the difficulties. Among other things, we would be interested in whether this has an impact on the absenteeism of mothers.

Miss O'GRADY. Without having done a specific survey that I am aware of, the plants do report a much lower turnover rate among the people working there, lower rates of absenteeism, and a generally improved morale climate among the mothers who now know their children are being taken care of.

I will have the administrator send a letter to the subcommittee.

Senator MONDALE. That would be helpful.

(The statements of Mrs. Dubrow and Miss O'Grady, along with additional information supplied by them, follow:)

STATEMENT OF
THE INTERNATIONAL LADIES' GARMENT WORKERS' UNION, AFL-CIO
ON
THE COMPREHENSIVE CHILD DEVELOPMENT ACT OF 1971 S1512

The International Ladies' Garment Workers' Union, AFL-CIO endorses the position of the American Federation of Labor and The Congress of Industrial Organizations in support of S 1512, the Comprehensive Child Development Act of 1971.

ILGWU's supportive action comes as a mandate from its 34th Triennial Convention held in May of this year, attended by 1,000 delegates, representing the Union in thirty-eight states and Puerto Rico.

The Convention statement on child care is attached for the record.

For a number of years, the ILGWU has been seeking answers to the child care needs of its working mother members. More than eighty percent of the Union's membership is made up of women, many of whom have either children of pre-school age or children of elementary school age or both. Some of these working mothers have had to leave the work force and oft times go on welfare because they have been unable to cope with child care demands and at the same time hold down jobs.

Opportunities for placing some of the hard core unemployed women in garment plants have gone by the board because there has been no adequate provision for child care.

Yet for years public officials, local, state and national legislators among them, have demanded that the welfare rolls be reduced and that AFDC mothers be placed in jobs.

The situation has become so critical that all kinds of efforts have been made to alleviate the crisis. One attempt to find a means of providing day care for members of the union was made through the passage of an amendment to the Taft-Hartley Act permitting use of joint held management-union trust funds to establish day care centers for plant employees through contract negotiations. ILGWU, along with other unions similarly concerned, lobbied for this amendment. But even taking advantage of this law, produces only extremely limited results and leaves hundreds of thousands of children without child care services. We are fast approaching a point of no return.

Therefore, it has become more and more evident that the only answer to the dilemma is the establishment of a federal network of child care programs, as spelled out in S 1512.

Specifically, here are some of the features of S 1512 to which the ILGWU is particularly attracted:

For instance, it does not dismantle or destroy certain child care programs which now are functioning successfully such as Head Start.

It calls for a socio-economic mix because, while rightfully the needs of the economically disadvantaged children receive priority, nevertheless, the doors will be open to those above the poverty level and low-income level by the payment of fees on a sliding scale.

The guarantees of local participation in prime sponsorship puts the responsibility for planning where it can best be assumed and carried out. Through local child developments councils unions, parents, community organizations and officialdom can and should become an integral force in all stages of planning and implementing the child care systems.

The ILGWU urges this Committee and Congress itself to withstand any and all efforts to place the prime responsibility in the jurisdiction of the states.

The ILGWU, with its urban and rural membership, applauds the broad spectrum of child care services specified in the legislation ensuring physical, mental, nutritional and educational programs.

The fact that Unions, may under the bill, set up their own child care centers will be helpful but we believe the major efforts by unions should go towards establishing community centers.

We believe that across the board participation by as many sectors of the community as possible is educational both for the parents as well as the children. The association of parents and children from different racial, religious and national backgrounds can bring about acceptance and understanding paying dividends beyond calculation.

To accomplish this most effectively there must be a set of child care standards, a uniform code for facilities and the inclusion of construction funds as promulgated in S 1512 and endorsed by the AFL-CIO and many other organizations.

Finally, the ILGWU approves of the authorization proposed in the bill as a constructive beginning and joins with those pledging to seek full funding to meet the authorization.

Again we compliment the Subcommittee in writing a fine Comprehensive Child Development bill and look forward to its safe and successful passage through Congress.

STATEMENT
ON
CHILD CARE PROGRAMS
ADOPTED AT 34th TRIENNIAL CONVENTION
MIAMI BEACH, FLORIDA
MAY, 1971

Resolutions calling for legislation to provide a federal system of day care centers and child care programs. They argue that proper care for children of working mothers is urgently needed. The problem is all to familiar to the working mothers in the ILGWU.

The resolutions point out also that more women, many of them now on welfare rolls, would take jobs to support their families if the means could be found to take care of their children properly.

For the past two years, bills have been introduced to establish comprehensive child-development programs, they call for, among other things, a whole network of child care centers. Such programs would be funded for the most part by the federal government and would go far beyond the mere establishment of child care facilities.

They would establish a statutory Office of Child Development. All types of child care would be provided for children through the age of fourteen. The programs would include nutrition, physical and mental health services and would be set up under the jurisdiction of child development councils on which labor unions, parents, and other sectors of the community would be represented.

Although the program and facilities would be open to all children, priority would be given to children who are economically disadvantaged. All 50 states and Puerto Rico would be eligible for child assistance.

Special efforts should be made by the ILGWU to secure the passage of an effective, comprehensive Child Development Act.

Your committee recommends that a campaign be undertaken immediately to get the United States to meet its obligations to working mothers and their children.

(On motion made and seconded, this part of the committee's report was adopted.)

STATEMENT OF JANE O'GRADY, LEGISLATIVE REPRESENTATIVE, AMALGAMATED CLOTHING WORKERS OF AMERICA, AFL-CIO, BEFORE THE SUBCOMMITTEES ON CHILDREN AND YOUTH AND EMPLOYMENT, MANPOWER AND POVERTY OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE, U. S. SENATE, ON S. 1512, THE COMPREHENSIVE CHILD DEVELOPMENT ACT

May 25, 1971

Mr. Chairman and Members of the Subcommittees:

My name is Jane O'Grady. I am the Washington Legislative Representative of the Amalgamated Clothing Workers of America, AFL-CIO. The 400,000 members of this union work primarily in the men's, boys' and children's apparel industries, in the laundry and cleaning and dyeing industries, and in retail trade. They live in almost every state of the nation; 80% are women; many are mothers of pre-school and school age children.

We want to commend you, Mr. Chairman, and the other members of your Subcommittees for the time and energy you have put into the development of S. 1512 to provide federal funds for comprehensive child care. In the absence of broad-scale federal support for child-care services, the Amalgamated Clothing Workers has taken steps to provide comprehensive child-care services for its own members. The standards and goals of S. 1512 closely parallel those which we have developed in our initial efforts to provide day-care services for our members. Let me tell you briefly about the child-care services we are now providing.

In our Baltimore regional area (which covers a geographical area composed of Maryland, Virginia, Deleware, North Carolina, and parts of Pennsylvania), there are now four operating chil-care centers. In Baltimore city itself, we have a center which can serve 300 children. In Chambersburg, Penna., another center with capacity for 300 children is operating. In Staunton, Virginia, close to 240 children are being served. Two smaller centers exist, one in Hanover, Penna. for 80 children and one which will open in July in McConnellsburg, Penna. for 80 children. These centers take children of Amalgamated Clothing Workers members on an all-day basis, from the ages of two through six. Meals, medical attention, educational and recreational activities are provided. In all cases, new buildings were constructed to house the day-care facilities. There is a small fee charged in these centers of $1 per day for these services. When all of these centers are operating at full capacity, approximately 1000 children will be served in this region of our union.

Two of the centers in this region have Kindergarten sections licensed by the state in which the centers are located. The other centers are making plans to institute a Kindergarten program. They have moved into the Kindergarten field as a natural expansion of pre-school day-care activities. It has also met the problem to the working parents of children attending public kindergarten only half-day, and then needing transportation home and baby-sitting care when they get back home.

The Amalgamated Clothing Workers Chicago Joint Board has had in operation now for one year a center which serves 60 children of our union members in the city of Chicago--without charge. Again, the services provided are comprehensive--all-day, educational, recreational child development activities, coupled with nutritional meals and medical attention. This center makes a special effort to work with the parents of the children through group meetings and individual conferences and has found the parents eager to participate in the activities of the day-care center. The cost per child, per year is $2,800. The Chicago Joint Board would like to expand its child-care services to 3 or 4 additional centers in the near future.

All of the centers have found that paraprofessionals working under the supervision and guidance of trained teachers are valuable members of the staffs. Given an opportunity to function at their fullest potential and not being delegated to menial tasks, they bring skills and ideas which supplement what the teachers bring and thus further enrich the lives of the children.

In about a year's time, the Laundry Workers affiliated with our union in New York will have a center in the city of New York which will handle about 150 children of their members. Operating plans for this center are now being developed and will follow the general pattern of our other centers--with several innovations. It is planned to bring in, on a pilot basis, about 20 children from the age of 3 months to 2½ years. Room will also be available for about 30 to 50 after-school children. The remaining slots will be filled by those needing full-day care.

In addition to the operating day-care centers, the Amalgamated Clothing Workers has donated a sum of $110,000 to the Johns Hopkins University so that the university might hold yearly symposia in early childhood education. The first such symposium was held at the Johns Hopkins University in February of this year. The papers presented there will be published for use by professionals in the field.

In summary, Mr. Chairman, we think we are operating the kinds of comprehensive programs which you seek to establish in S. 1512. We're trying to build in flexible programs--baby care, after-school care--toward which S. 1512 also aims. Our administrative structure involves parents in the planning of programs. We are training and using paraprofessionals in our programs--highly successfully. We found it necessary to invest in new buildings for our centers, underlining the merit of providing construction monies in federal day-care legislation. And we are trying to stimulate research on child development just as S. 1512 seeks to do in a National Center for Child Development. We are, I must pointedly add, spending quite a bit of money. Without money, the subject of child care is merely conversation.

We know that the efforts of the Amalgamated Clothing Workers and other unions will not meet the national need in the area of child care. The efforts and goodwill of the private sector must be augmented by a federal program. The financial resources of the regional areas of our union will not be available to many labor and community groups that could sponsor day-care centers. They will need federal help.

The union tries to contribute to the lives of its members by providing health and welfare benefits, pension benefits, as well as decent wages and working conditions; we provide our day-care services in the same spirit--as another contribution to improving the quality of life of the members. We hope that this same concern for the quality of life of our total society will be found in the Congress. Day care legislation must be a top priority goal in this session of Congress.

We in the Amalgamated Clothing Workers will work within the labor movement to see that such day-care legislation is passed. And we will be eager to participate under the mechanisms of this legislation to vastly expand day-care services. Our members need it, the Nation's children need it; we've developed some experience in operating day-care centers and we now would like to pitch in with the rest of the community to make such services available on a universal scale.

Mr. Chairman, one of our members, in expressing his satisfaction with the care his daughters were getting at one of our centers, put it this way: if he or any of the other parents made a mistake on the job and sewed some- it over again; but with parents and teachers in day-care centers, well, they were working with much more precious material where it was not so simple to redo a poor job.

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June 10, 1971

Mr. Sidney Johnson
Staff Council, Sub-Committee on Children and Youth
Room 309
Senate Office Building Annex
Washington, D. C. 20510

Dear Mr. Johnson:

For your review, and/or possible use, I am enclosing a short summary of benefits that we feel are contained in our Day Care program for pre-school children of working parents. As you may have already been informed, we have not yet had any studies "in depth" conducted on our program by third parties; hence, the enclosed views are, in part, subjective.

They are--however--I feel, representative of the realities which we are encountering and of the overall merit intrinsic in our pioneering Union-Management Day Care effort. I am enclosing comments of Mr. Lowman Daniels (Director of our Baltimore Center) concerning his view of the child, himself, in our program; whereas, my comments outline benefits accruing to the participating manufacturer and to the parent.

To provide a proper précis, I am also enclosing comments from Mr. Sam Nocella, Manager of the Baltimore Regional Joint Board (ACWA), who was instrumental in negotiating the total Day Care program into existence.

You will also find several other enclosures (booklets, etc.) which may be of value or interest to you.

Sincerely,

M F Bourne

M. F. Bourne, Administrator,
Child Health Care Centers

MFB/ak

Enclosures

FORWARD

It is both a privilege, and a responsibility, to be a leader in any field. But to be a leader in the fast-developing field of Child Day Care is something else-- What a joy for a Union-Management coalition to be doing something this tremendous! This exciting! This filled with the opportunity to start young children on rewarding, education-rich lives!

Our involvement with Day Care began simply-- Seventy clothing manufacturers whose employees are members of the Baltimore Regional Joint Board (Amalgamated Clothing Workers of America) agreed to contribute to a Health and Welfare Fund which would (among other things) build and operate Day Care Centers for their employee-mothers of pre-school children. Perhaps we did not at that time realize what an undertaking we had begun, or how much the children themselves would love it, and how fast they would respond.

But now we are in the Child Day Care field with "both feet." We have Centers in the states of Virginia, Maryland and Pennsylvania. We realize that as pioneers for Day Care of children of working mothers we do not have all the answers. But we are facing the questions--and the vast needs--squarely! And we feel the answers will come--

We invite more thought to the problem of Day Care for pre-school children of mothers who work. And we invite the interested--no matter of what group or body--to give their attention to our program, and perhaps to benefit from it. Where we have started, others may start. Perhaps together we may reach the goal of adequate Child Day Care for all those eager, and waiting children who need it.

Certainly, that is one of the goals of our own commitment.

Sam Nocella

Sam Nocella
Chairman, Board of Trustees
Health and Welfare Fund
Baltimore Regional Joint
Board (ACWA)

INTRODUCTION

Education has always been of prime interest to Americans for a very long time. The school is recognized as the organization that is responsible for educating the children in America today.

One point seems to be agreed on by most people and by all people who study child growth, and that is: parents are the most important influence in their children's lives, but they are not to blame for everything that goes wrong with their children.

Large numbers of industries are employing female help and in many cases their children are getting very poor care while they are at work. No one is completely certain about why so many children get off to such a poor start in elementary school but we believe it is not so much the fault of the working mother but a lot of the blame should be placed on the type of care the child receives while the mother is working.

There is some evidence that indicates children from homes where the mothers are working lack experiences which may cause them not to be successful in school and are sometimes preconditioned for failure. It is hardly surprising therefore that America, challenged to provide truly equal opportunities for millions of children of working mothers, is turning to pre-school education as a way out of a terrible dilemma.

The Hyman Blumberg Child Day Care Center has one major objective related to its educational program. This objective is to offer

Introduction - Cont.

each child as many varied opportunities for physical, mental, social and emotional development as possible. We believe a program designed to help preelementary children in these developmental areas can prevent them from having some of the academic handicaps which confront so many children upon their entrance to regular elementary school programs.

It is not our belief that children are not capable of critical thinking before six, seven, or eight years old. We also do not believe children should rely on magic to answer questions about their world or to explain phenomena they observe. We plan to follow the line of thinking that many people underestimate young children's ability to understand and interpret their world and as a consequence, unnecessarily limit their experiences.

When a child, or for that matter, any individual enters school, his habits and attitudes toward learning depends upon the kind of environment to which he has become accustomed.

We at the Hyman Blumberg Day Care Center pledge to provide a warm atmosphere of concern, affection and many favorable varied experiences for the children under our supervision that will foster their continued learning throughout their lives.

Lowman G. Daniels, Director
(BALTIMORE CENTER)

Anticipated Benefits to Manufacturers

There are several unique benefits which accrue to the manufacturers participating with the Baltimore Regional Joint Board (ACWA) in the construction and operation of Child Day Care Centers for the pre-school children of women working in those manufacturers' shops and factories. Initially, of course, the manufacturers can *appeal to more applicants*, since they may now attract mothers who may not be able to find--or afford--full-time baby sitters for their young children. (The baby-sitter problem is one which has prevented many women from entering the labor market). Closely allied with this advantage to the manufacturer is the fact that if he has a Day Care Center available to him he enjoys a *stronger competitive position* in the field of attracting new employees--or even in retaining present ones--than does the manufacturer who does not have such a benefit to offer. *Better attendance* should also be observable on the part of those employee-mothers who have children in a Day Care Center rather than depending upon the vagaries, or illness, of individual baby sitters. Regular employee attendance, of course, is a real advantage to an industry such as clothing manufacturing, where gaps in the production line may seriously impede the flow of goods in process. For the manufacturer who is participating in such a movement as Day Care, the matter of improvement of corporate "*image*" is also a strong and positive one. Such a manufacturer may justifiably take tremendous pride in being a leader in fostering advances in America's newest, and potentially most rewarding field of education. Indeed, this manufacturer may truly be thought of as a full partner in aiding to meet one of the most vital aspects of community social needs.

Anticipated Benefits to Mothers

Perhaps the single, most over-riding benefit to the mother with a child in a professional Day Care Center--as compared to the working mother with a child in the hands of a baby sitter--is *peace of mind*. In a professional Center the child receives full-time attention from his teacher, as well as carefully-planned, well-balanced meals, and a program of activities designed to meet his physical, mental and emotional needs. Where the home baby sitter may often ignore the child--and his safety--

while the sitter is cleaning house, or of necessity cooking a meal--or, indeed, watching a "soap serial" on TV--the professional Day Care Center has no such distractions to rob the child of Teacher attention. The child is the only focus of interest in each classroom in such a facility. (Janitors do the cleaning; cooks do the cooking; and there are no "soap serials"). At the Baltimore Regional Joint Board's Health and Welfare Fund Day Care Centers, there are also full-time Registered Nurses, where the Centers are large enough to merit it. All of this adds up to an environment for the child which the mother cannot help but realize is designed to promote his general welfare, his safety, and his growth and development to the maximum extent possible.

A second large advantage to the mother working at one of the plants served by the Child Care Centers of the Health and Welfare Fund is the financial savings she may enjoy while paying for care of her child. She pays but $5.00 per week for a total of eight, or even nine hours of care per day. This care includes breakfast, lunch and snacks eacy day, yearly physical exams and immunization shots, as well as a full program of activities for the child. The Health and Welfare Fund meets the remainder of the cost which the Center incurs beyond this $5.00 payment per child. Thus, the employer of the working mother is helping meet this necessary expense of her employment, since he contributes directly to the Health and Welfare Fund, and proportionately to the number of people he employs.

In summary, it is safe to say that these working mothers have already "arrived" in the exciting new field of Child Day Care if they are using such a facility as the Hyman Blumberg Child Day Care Center for their preschool children. Lucky women--and luckier children!

M. F. Bourne
Administrator, Child Health
Care Centers

REMARKS ON CHILD DAY CARE TO A U.S. HOUSE OF REPRESENTATIVES SELECT SUB-COMMITTEE ON EDUCATION BY MEL BOURNE, ADMINISTRATOR OF CHILD HEALTH CARE CENTERS FOR THE HEALTH & WELFARE FUND OF THE BALTIMORE REGIONAL JOINT BOARD (AMALGAMATED CLOTHING WORKERS OF AMERICA), MAY 21, 1971.

Mr. Chairman and Committee Members:

I thought it would be meaningful today to outline for this committee the current status of the Child Day Care program of the Health & Welfare Fund of the Baltimore Regional Joint Board, Amalgamated Clothing Workers of America.

As many of you know, the Baltimore Regional Board of the Amalgamated became active in Day Care for the children (ages 2 - 6) of its members through the interest of its manager, Mr. Sam Nocella. With a membership of approximately 18,000 men and women, the Baltimore Regional Joint Board covers a geographical area composed of Maryland, Virginia, Delaware, North Carolina and parts of Southern Pennsylvania. Mr. Nocella was able to negotiate with the seventy clothing manufacturers in his area and have them agree to make a financial contribution to the Health & Welfare Fund which would be used for Child Day Care Centers and their operation so that the pre-school children of employees--as well as the working parent--might benefit. These contributions from the manufacturers now total 2% of their gross Union payrolls.

Initially, the Federal Internal Revenue Service was contacted--since the Taft-Hartley Act at that time did not show Day Care as a bargainable issue--and to achieve a favorable tax position on these funds for the manufacturers, we had to call our program a Child Health Care program. Now, however, the Taft-Hartley Act has been amended and Day Care is a negotiable issue between Employers and Unions.

Since our first Center was opened in 1968, the Baltimore Regional Joint Board Health & Welfare Fund has spent in excess of $4,000,000 on Day Care facilities and program for the women--and men--who work in the clothing factories covered by the contract. We currently have the following Centers in operation:

LOCATION	CONSTRUCTION COST	CAPACITY	DATE OPENED
Baltimore, Md.	$800,000	300	Oct. 1969
Chambersburg, Pa.	700,000	300	July 1970
Hanover, Pa.	200,000	80	Sep. 1970
Staunton, Va.	400,000	240	Sep. 1968

A fifth Center, in McConnellsburg, Pa., is now under construction and will open this year--in July--and, like our Hanover Center will serve eighty children. Its cost of construction will be approximately $220,000.

The Centers keep the children for the full eight hours the parents are working, thus it is necessary for us to provide a mid-morning snack, a hot lunch, and an afternoon supplemental serving (such as milk and a sandwich) to insure dietary needs are met. As a further convenience to the parents--who may be pressed for time to get everyone ready at home in the morning for a busy day--we provide a full breakfast for all those children who have not eaten in the morning at home.

I am very pleased to say that we have been greatly aided in meeting the cost of our dietary program by qualifying for the Department of Agriculture Food Reimbursement program, wherein we receive approximately 55¢ a day per child at each Center for each child in attendance. We are also using Department of Agriculture menus as guides for our cooks in preparing proper meals.

The only other monies coming into the program to aid our Health & Welfare Fund in meeting costs is the dollar per day that we charge the parent for each child registered (or, more precisely, in attendance). Our total cost for care of the children is averaging between $30 - $35 per week per child. This figure does not include a rental, or building mortgage payment factor, since the cost of construction for our Centers has been met at the time we take occupancy.

As to the health quotient of our program, we give each child a physical examination upon enrollment at a Center, and a yearly examination thereafter. The child also receives immunizations as required by the appropriate state. Our pediatricians visit the Centers once a week for about an hour per visit (which is sufficient for our needs). No separate charge is levied on the parents for physical exams for their children, or for the "shots". We also coordinate with local civic or state health agencies for such special programs as audiometric testing, in-depth eye exams, etc. We also have Registered Nurses at our large Centers (and Licensed Pratical Nurses at the smaller ones) so that daily health problems of the children may be checked. In short, our health program is quite comprehensive. Each Center, in fact, contains its own special clinic facilities.

As to day-to-day program content of our Day Care enterprise, it may perhaps be divided into three sections, as follows:

1) Custodial -- This consists of insuring proper food, nap-time, diaper changes on those children not fully toilet trained, etc.

2) Conventional -- We provide music, games, organized play, free play, toys, etc., through which means the children are kept busy, entertained, and allowed to "work off steam".

3) Educational -- Our Classroom Supervisors work with the children to enhance--or introduce--color identification, letter identification, number identification, knowledge of shapes and spatial relationships, to increase participation in projects (whether group, or individual), to raise questions and introduce new subjects, to improve health knowledge and habits, etc. A wide variety of children's books, puzzles and phonograph records are provided to stimulate curiosity and to broaden the horizen of learning for

each child.

Two of our Centers have Kindergarten sections licensed by the state in which the Centers are located. A third Center is preparing its Kindergarten for licensure. The fourth Center is making plans to institute a Kindergarten program this fall. We have moved into the Kindergarten field because it is a natural expansion of pre-school Day Care activities, and also to circumvent the problem to the working parents of children attending public Kindergarten only one-half day, and then needing transportation home, and also baby-sitting there.

The Child Day Care Program of the Baltimore Regional Joint Board's Health & Welfare Fund has been so successful that the Chicago Board of the Amalgamated Clothing Workers of America has built, and is now operating a Day Care Center of its own. The New York Board is also very interested in getting into the field.

Additionally, the Amalgamated Clothing Workers of America has donated a sum of $110,000 to the Johns Hopkins University so that the university might hold yearly symposia in Early Childhood Education. The first such symposium was held at the Johns Hopkins University in February of this year. The results will soon be published, and will be available in both hard and soft-bound editions for those interested in attaining copies.

To date, results of our program are most encouraging. The parents of the children seem highly pleased; the children love it; the Manufacturers speak with pride of their own participation in an activity with which at first they must have had considerable doubts--and the Day Care staff itself, which we hire in quantities, and with qualifications to meet pertinent state licensure rules--has a very low rate of absenteeism and turnover.

Based on our own experience, we congratulate the members of the House of Representatives who are moving forward in the vital field of Child Day Care, and we--like they--hope for early Congressional passage of a far-reaching, comprehensive bill to provide and/or increase services in this area of national endeavor.

SOME EVALUATIONS OF AMALGAMATED CHILD DAY CARE & HEALTH CENTER, Chicago, Ill.

In the 14 months since the Day Care Center has been operating:

1. The Union has spent over $1,500 on dental care for the children.

18 children have had extensive dental work. There have been 13 pulpotomies, 18 crowns, and 14 amalgams.

One child alone had 6 crowns, 2 pulpotomies, and 2 amalgams. All of the children have had flouride treatment, prophylaxis, and where necessary x-rays.

2. The children have received complete pediatric service:

Two boys were found to have undescended testacles. Although the boys had been under the care of a doctor, this condition went unnoticed for 4 years, until the Pediatrician in the Day Care Center found it.

3. All of the children have had their eyes tested by an Ophthalmologist. Nine will need refraction and possibly glasses. If so, the Union will bear this cost.

4. We had 18 children who spoke only Spanish when they came, 4 who spoke only Polish, 1 who spoke only Italian, and 2 youngsters newly arrived from Biafra who spoke only EBO.

5. Although many of the children upon entering the Day Care Center did not know animals, colors, or shapes, all of the children who are 4 years and older can recognize their names, know primary colors, and can identify shapes, such as squares, circles, and triangles.

6. Many of the children have taken their first trip to the zoo, museums, and the public library.

7. Children were taken for the first time in their lives to see live theatre.

8. In several instances, parents have reported that bedwetting has stopped since their child has been attending the Day Care Center.

9. Many of the children are eating and sleeping better since attending the Day Care Center, their parents report.

10. One child who had been a severe stutterer when he entered, is now considerably improved.

11. We found children coming to the Center hungry and immediately changed our snacks (crackers and juice) to high protein snacks.

12. Many parents have commented favorably that their children have learned to be much more independent about dressing themselves.

13. Parent Involvement:

A. Parents have expressed gratitude because we have started a paper back library so that the parents can borrow books to read to the children at home.

B. We have given the parents materials to work with at home, to stimulate the cognative development of the children.

C. A Mother who could not read was enrolled in a tutoring program.

A CASE STUDY NOVEMBER 1970

"A Rolls-Royce of Day Care"

Amalgamated Day Care Center

Chicago, Illinois

470 (471)

ABT ASSOCIATES INC.
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A Case Study November 1970

"A ROLLS-ROYCE OF DAY CARE"

Amalgamated Day Care Center
Chicago, Illinois

Principal Author: Brigid O'Farrell
Field Observers: Kathryn Blackman
Faith Johnson
Rudolfo Sanchez

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AT A GLANCE

GENERAL

SINGLE CENTER build for day care, owned by ACWA

SPONSORED BY: Amalgamated Social Benefits Association, (private, non-profit corporation), Amalgamated Clothing Workers of America (ACWA), AFL-CIO

ADMISSION CRITERIA: At least one parent a member of ACWA

TOTAL CHILDREN: 60 enrolled/54 A. D. A. (pre-school)

TOTAL PAID STAFF: 17 (11 full-time) 476 hours/week
TOTAL IN-KIND STAFF: 1 (0 full-time) 20 hours/week

HOURS: M-F, 6:00 a.m. - 6:00 p.m. 52 weeks

SPACE: (sq. ft. /child): Indoor: 68
Outdoor: 49

CENTER OPENED: March 1970

STAFF POSITIONS: Administrative Assistant - ACWA (Union Liaison), Director, Psychiatric Social Worker, Pediatrician, Pedodontist, 4 Teachers, 4 Assistant Teachers, Secretary/Bookkeeper, Cook, 2 Custodians

CONTACT: Director, Amalgamated Day Care Center
323 S. Ashland
Chicago, Illinois

312 243-3147

DISTRIBUTIONS

ETHNIC: Children: 42% Black, 26% Anglo, 19% Chicano, 4% Puerto Rican, 9% Other Spanish-speaking.
Staff: 27% Black, 13% Chicano, 7% Puerto Rican, 53% Anglo.

SEX: Children: 48% Girls, 52% Boys; Staff: 67% Women, 33% Men.

ADULT/CHILD RATIO: 1 to 4.5

ADULT/CHILD CONTACT HOUR RATIO: 1 to 4.9

FAMILY STATUS: 85% complete, 15% mothers only

PARENT EMPLOYMENT: 100% employed

COSTS

TO PARENTS: None

TO CENTER: $2,925 per child/year, $1.42 per child/hour

ESTIMATED FUNDING, 1970-71:

Amalgamated Social Benefits Association (ACWA) -	$154,100
In-Kind -	3,900
	$158,000

NOTABLE ELEMENTS

DAY CARE AS UNION PROGRAM:

- FINANCING
- EDUCATION PROGRAM
- HEALTH CARE

AMALGAMATED, NOVEMBER, 1970

The Amalgamated Day Care Center is located on Chicago's West Side, in a re-emerging industrial area on the edge of a ghetto. Many unions are putting up new buildings and tearing down dilapidated houses in the area. (Additional Amalgamated day care centers will be located much closer to the factories themselves, since there is no central residential area for them to serve, and transportation is a problem for parents.) In general, it's a rather grim industrial setting: the brightest spot for blocks around is the three-foot-high address number, in red, yellow, and blue numerals, on the front of the day care center building.

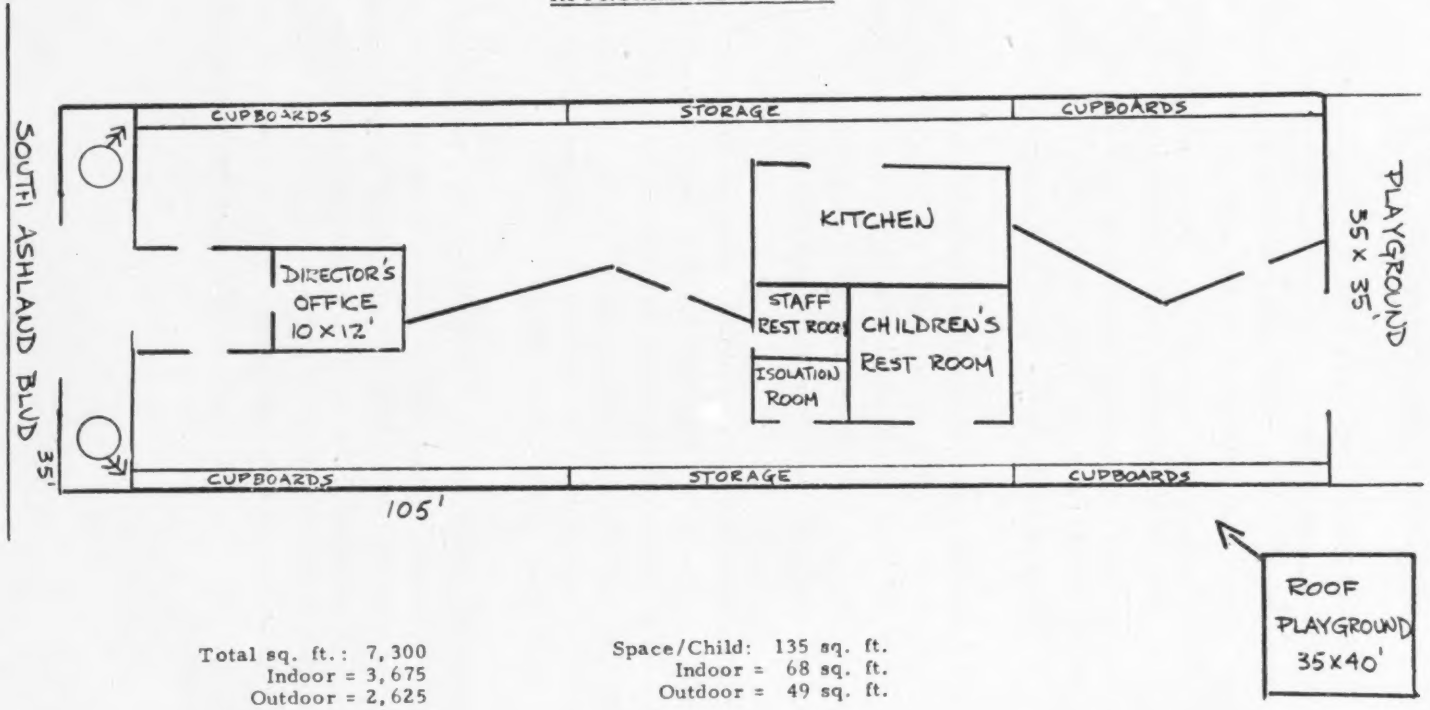
The center is a small, one-story building, immediately adjacent to the 5-story union building which houses the Sidney Hillman Health Center, Social Benefits Association, the ACWA retiree's center, and offices of the Chicago Joint Board. The buildings are just off the expressway, about 10 minutes from downtown Chicago.

The building was specifically designed for day care use, although not entirely successfully. The front and back walls are almost all glass; glass doors and movable walls divide the classroom areas. There is one small office for the director and the secretary in the center-front of the building, and behind that, separated by a class area, are the kitchen, restrooms, and isolation room.

When the center opened, the children, new to any kind of away-from-home situation, lacked internal controls and were unaccustomed to limits and direction in working and playing with adults and other children. The freedom of the building design intensified this chaotic situation. The movable partitions were added as an afterthought, in an attempt to alleviate the confusion. Despite some current inconveniences for the staff, the building is bright, colorful, warm and fun for little children.

AMALGAMATED DAY CARE CENTER

APPROXIMATE LAYOUT


CUPBOARDS
STORAGE
CUPBOARDS
SOUTH ASHLAND BLVD
35'
DIRECTOR'S OFFICE 10 x 12'
KITCHEN
STAFF REST ROOM
CHILDREN'S REST ROOM
ISOLATION ROOM
PLAYGROUND 35 x 35'
CUPBOARDS
STORAGE
CUPBOARDS
105'
ROOF PLAYGROUND 35x40'

Total sq. ft.: 7,300
Indoor = 3,675
Outdoor = 2,625

Space/Child: 135 sq. ft.
Indoor = 68 sq. ft.
Outdoor = 49 sq. ft.

Scale: 1" = 12'

Each child has his own section of cupboard along the side walls, and his own small cot stacked underneath. The tables and chairs are all child-sized as well as the water fountains, sinks, and windows. The director's office is surrounded on two sides by glass so anyone can see in even when the door is shut. There is no room into which the children don't have either free access, or a clear view to see what's going on. There is a playground in back of the building, and steps from it lead up to the roof of the building, which has also been made into a fenced-in play yard.

The atmosphere at Amalgamated is one of warm, relaxed fun, a bit hectic at times. The center is open from 6:00 AM to 6:00 PM. There is no transportation system, so the parents bring their children in on the way to work and pick them up on the way home. All day long there is a steady stream of parents, union officials, visitors, and children in and out of the building.

The center has been open less than a year, and its staff have kept the operation open to a great deal of flexibility and change. In November the center was not yet up to its capacity of 60 children, and the addition of at least one more teacher was planned. The union considers the center a showplace for quality day care, and uses it to encourage both companies and other unions to expand day care capabilities.

The day care staff, union officials, and union membership work well together, primarily because of the organizational and administrative efforts of two people: Muriel (Manni) Tuteur, center director; and Joyce Miller, administrative assistant to the manager of the Chicago Joint Board and vice president of ACWA, Murray Finley. Teamwork between the two positions they fill would seem to be necessary in making any union day care center work.

Manni Tuteur has been in the field of day care for almost 20 years, although this is her first experience working for a union. She was formerly with the Chicago Jewish Community Center. She's about 50, short, with short iron-gray hair. She admires what the union is doing and is determined to help make it work. She has a great deal of sensitivity to the children and their parents, as well as good rapport with her staff; she's friendly and easy-going, but she can be very tough and seems completely unflappable. There is a great deal of mutual respect between Manni and staff. At the union headquarters she is the expert on day care, consulted and listened to on that basis.

While Manni Tuteur is the authority on day care, Joyce Miller is the expert on relations within the union. Joyce has been in the labor movement for several years and knows how to get things done. Once it was decided that day care was indeed a very important social program for the union to provide, she was given the go-ahead to make it work. A tall, well-dressed woman, direct and to the point, she personifies the union's feeling of commitment to day care. With her help, the first center is now running smoothly, and she and Manni are looking at locations for the second one.

At first glance, one gets the impression that the entire Amalgamated program has been gone into almost casually, without a great deal of planning and forethought. Gradually, however, a picture and a plan emerge. In the next few years, quality day care will be available, free of charge, to every member of the Amalgamated Clothing Workers of America in the Chicago area.

NOTABLE ELEMENTS

The Amalgamated Day Care Center is, in itself, a notable element within the ACWA's social benefits program. The fact that the center is seen as a model for future expansion has resulted in the development of several exemplary features, including financing, education, and health care. These features are a direct result of union sponsorship, and can be duplicated only in the case of backing from an organization with similar commitment and resources.

Financing

The Amalgamated Day Care Center is funded through the Amalgamated Social Benefits Association. This is an independent trust, established through a collective bargaining agreement between the ACWA and the employers of the garment industry. The employers supply a certain amount of money equal to a percentage of the monthly payroll, the amount therefore varying from factory to factory. The union is free to use this money to provide services for members. Union trustees decided in 1969 to use a portion of this money to establish day care centers.

Building plans for the first center were initiated with the expressed idea that this could become a model quality day care center upon which additional centers could be based. A new building was erected for the center. In the first year of operation the director was given freedom to spend whatever she felt was necessary to efficiently establish and operate a day care center that would more than adequately meet the educational, emotional, recreational, social, and nutrition and health needs of the union members' children.

This financial arrangement has enabled the director to devote the majority of her time to working with the staff and the children, developing total child development program for their specific needs.

None of her time is required for fund-raising activities. Administrative work is kept at a minimum, and most of the accounting and public relations functions are handled by the appropriate union offices.

After the first year of operations, a careful evaluation of this pilot project will produce reasonable budgets and guidelines to plan and operate additional centers as efficiently and economically as possible. Under later, more limited budgets, however, directors will still not have to be concerned with fund-raising and many other administrative functions which take up a great deal of most center directors' time. Amalgamated will remain-- albeit at a relatively higher cost-- the "model" center, or as one of the union people put it, "a Rolls-Royce of day care."

Educational Program

Early education is a special need for children whose environment limits the amount of intellectual stimulation they get in their pre-school years. In consultation with the psychologist who visits the center periodically, the staff has assessed its client children as experientially deprived, and has planned a complete educational program for them on that basis. Although all aspects of the program are interrelated, primary emphasis is placed on intellectual development, particularly on general language development. Many of the children do not speak English or speak and understand it poorly; parents have expressed particular concern about this, wanting to be sure the children are prepared to enter the public schools.

Because the center is relatively new, the curriculum is still extremely flexible. The aim is a program oriented to the total child, so that the child is always surrounded by, and constantly made aware of, colors, shapes, textures, consistencies, counting, measuring, and tactile experience through work and play with the materials around him. The process is not random, however; there is a basic structure to the day with constant, on-going evaluation.

The staff meets once a week with the director to discuss and plan the program. At each meeting, six or seven "things that need to happen with the child" are brought up, then new program ideas worked out to make them happen. Progress since the previous meeting is also evaluated.

A guiding principle in the center program is the attempt to understand the child's behavior in the light of his background and family situation. Work with the parents is just beginning, but parents are gradually realizing that the people at the center are truly concerned not only with the children but also with the overall improvement of the family's life. No attempt is made by the center, however, to gain information about individual family incomes. The sole criterion for admittance is union membership, and only information related to the child's development is requested.

Children are encouraged to develop a strong sense of self-reliance: they take off and put on their own clothing, have their own tables, chairs, sinks, toilets, and water fountains. They have their own locker and storage space, at child height. They have open snack times, and are encouraged to help with serving and fixing food, and to clean up after themselves.

There is also emphasis on developing a strong self-image in the children. Activities are designed to encourage positive, successful experiences, avoiding competitive situations which the child's experience has not prepared him for. The staff praises and encourages achievements in language, reading development, cooperative peer relations, and self-reliance. At the beginning the children are rewarded with M&M candies-- a controversial feature of the program with some parents-- then gradually verbal praise is substituted for the candy rewards.

One of the main areas of concern in the total program is the development of inner controls, which most of the children lack upon enrolling in the program. The child is encouraged to accept limits, controls, and directions from adults, and to work with other children. There is no corporal punishment for misconduct, which often raises conflict with the parents, who are more accustomed to responding to misconduct or conflict with a more severe or physical means of punishment.

Strong emphasis is also placed on ethnic backgrounds. Staff selection criteria included mixed ethnic backgrounds and both male and female sexes, with considerable attention given to finding strong male-image staff who were Blacks. The present staff is a successful mixture of Black, Chicano, Puerto Rican, and Anglo men and women. There are also appropriate ethnic materials for the children to use, including records, books, puzzles, and dolls. Different ethnic foods are served for lunches.

Cooperative work and play among the children, and between teacher and children, is encouraged. A rocking boat which holds four children, lotto games, large hollow blocks for building structures for dramatic play, doll houses and furniture, and helping in the kitchen are all provided as regular activities to stimulate cooperation.

In answer to strong parental concern about language development, the Peabody Kit is used as a starting point, as part of the daily routine. The Peabody Kit is considered helpful only if followed up with a great deal of staff reinforcement and expansion. This is complemented by use of some of the techniques found in the New Nursery Book and individual work with the children.

Pre-reading skills are developed by reading to the children, listening to them and giving them opportunities to tell stories both to the group and to the teacher separately, as well as by the supergraphics on the walls and cupboards.

Science experiments, unit blocks, and graduated cylinders are aimed at logical conceptual development, while a wide range of puzzles, games, toys, books, etc., are used for sensorimotor, perceptual, and numerical concept development. Television sets are available so that Sesame Street is also used, but the program is not a regularly scheduled part of the day's activities.

Special time is set aside for art, crafts, and music. Record players, paints, clay, crayons, books, easels, chalk, scissors, etc., are all supplied for use on specific projects, as well as for free play activities, especially in bad weather. One particularly successful project was painting the 4-foot-high doll house-- each child was draped in protective plastic, and allowed to use hands or brushes to help with the painting.

All of the center activities and experiences are supplemented by field trips. Children are taken to museums, zoos, parks, etc., usually in small groups so that each child can derive a fuller experience.

In short, Amalgamated's educational program is a day care rarity: the director and staff have had the opportunity to make full use of existing materials and to seek out new ones, to construct the fullest possible development program without any substantial budgetary constraints. As a cautionary note, it has been found that children and staff may fail to take appropriate care of the materials and equipment available, in an aura of unlimited funding. Teachers are also now being encouraged to develop some of their own materials, not because of financial restrictions but as a training and involvement technique.

Health Care

Amalgamated Clothing Workers of America sponsors its own health clinic, available to union members and members of their families 13 years of age and older. This complete medical, dental, and pharmaceutical clinic offers free medical service and prescription drugs as well as eyeglasses, physiotherapy, etc. The center has a staff of

36 doctors, located on two floors of the Social Benefits building next door to the day care center.

With the initiation of the day care center, the union has now extended the comprehensive health program to include pre-school-age children enrolled in the center, as well as the day care center staff who become members of ACWA. Each child is given an examination and inoculations, and a medical record is begun. A pediatrician has been retained, who visits the center three times a week. A pedodontist examines each child's teeth and performs all necessary dental work including fillings and extractions.

Any serious problems are discussed with the parent and then referred to the health clinic for immediate attention. Dental work is referred to a private pedodontist but financed by the union. Drugs, eyeglasses, and any corrective measures such as braces, orthopedic shoes, etc., are also taken care of.

The nutrition program supplements the health program by providing two well-balanced meals, breakfast and a hot lunch (plus snacks), adjusted where necessary to compensate for previously deficient diets.

As a further supplement to the health program, a psychiatric-social worker spends one day per week at the center, and in instances of severe emotional disturbance children have been referred to other institutions, with union financing.

BACKGROUND INFORMATION

History

Research by the Amalgamated Clothing Workers of America indicates that one in every three workers is a woman. The economy of the United States is today dependent on the women who have entered the work force. While the garment industry itself at one time employed 80 males for every 20 females, now the opposite is true. Women have been encouraged to join the labor force, but little has been done to solve the problem of caring for their children.

The women in the garment industry by and large have to work, and in the absence of quality day care facilities they are forced to leave their children without proper supervision. The ACWA has, therefore, recognized day care as something to which working parents are fully entitled, and consequently a responsibility of both labor and management.

Thus in 1969 the Baltimore Joint Board of the ACWA negotiated a collective bargaining agreement with the garment industry in that area, which included establishing a special trust fund to provide day care centers for members' children. Members enrolling their children were asked to pay $5 per week. By November, 1969, the first center was in operation with 80 children; now the Baltimore Joint Board has 4 centers and eventually hopes to serve more than 2,000 children. The union is primarily responsible for day-to-day operations of the centers, with both management and labor represented on the Policy Board.

In 1969, the Chicago Joint Board of ACWA began to look into the possibility of providing day care for their members. In Chicago, however, it was decided to provide day care services out of the money already supplied by management through the Social Benefits Association, at no direct cost to the members. The Baltimore operation and European day care systems were studied, and plans were started to build a center on land belonging to the Chicago Joint Board. In January of 1970 the director was hired, and on March 28, 1970, the center opened its doors.

Community

For Amalgamated, the community is the union membership throughout the Chicago area. It is composed of a wide ethnic mix, including Blacks, Chicanos, Puerto Ricans, and first- and second-generation European immigrants. At least one parent in each member-family is working, but a recent slowdown in the industry has resulted in many lay-offs and shorter work weeks. The factories shut down completely last summer for a two week vacation, so the day care center was also closed.

Information about the center has been spread primarily by shop stewards and by the union newspaper. The membership is already familiar with other social benefits provided by the union, such as the health clinic, the retirees' program, and the guaranteed financial support for college educations for children of union members, as well as insurance and pension benefits and low income housing. The general feeling among union management is that if the centers are there, the children will come. Plans already are underway for a second center, as the original one approaches its capacity of 60 children.

It is not known exactly how many children of union members are in need of day care, but it is presumed to be a considerable number, since membership in the union is now over 70 percent women. In the Chicago area there are more than 38, 000 children of pre-school age who could use day care centers; only 4000 spaces for children in day care centers now exist. Many of these are privately operated and cost $20-$35 per week, far out of the range of possibility for average and low income working mothers. Facilities are needed throughout the entire metropolitan area for infants, pre-school, and school-age children.

Parents

Parents of most center children-- both mothers and fathers--are average to low income blue-collar workers. Incomes range from $4000 to $12,000 annually and the average wage is $3.40 per hour. Most of the families are complete, with one or two children. Day care centers will only be accepted by these parents gradually; most of the parents and grandparents come from old and proud traditions, and are opposed to receiving any kind of charity or welfare. It is more generally acceptable to them to leave children in the care of relatives or neighbors than in a school with strangers.

There is great interest, however, in seeing the children develop, both mentally and physically, and because of this, the confidence of the parents is gradually being gained. Because the parents work, they are not free to come into the center during the day to investigate its benefits; after work they are tired, with little interest in coming to evening parents' meetings. Therefore, education of the parents with regard to center capabilities is a slow process. There has been only one parent's meeting held, on a Sunday. Attendance was 50%. The parents do bring the children in the morning and pick them up at night, so there is a brief opportunity to see what the children are doing and to visit with the staff.

Parents so far regard as most important the breakfast, hot lunches, health care, and preparation for public school. Many of the parents speak little or no English, and are very happy that their children are learning to read and write, as well as speak English.

The director hopes to develop Parent Advisory Committees for the center, and to hold regularly scheduled parent meetings to involve the parents more fully in the center, and to insure that what is learned in the center is reinforced in the home.

BASIC PROGRAM

Education

The children are divided into four "classroom" areas on the basis of age and ability: 3-year-olds, 3-and-4-year-olds, 4-year-olds, and 4-and-5-year-olds. One teacher and one assistant teacher serve each group of from 8 to 15 children. The classroom areas are all similarly equipped (since the classroom area was originally designed to be one large room). Movable walls and swinging glass doors about six feet high are the only dividers. There is a good deal of interchange between classrooms and groups in order to use some of the larger equipment (such as the rocking-boat stairs) and the restrooms and the kitchen.

The entire building has wall-to-wall carpeting, and all of the cupboard space is built into the walls. Cupboards for the child's personal property, play equipment, etc., start a short distance above the floor and reach almost to the ceiling; the child-sized cots are stacked underneath. The cupboards have sliding doors, easily workable by the children, which are covered in large, brightly colored numbers and letters. The children pull out their own cots and set them up for naptime. Each area also has its own child-sized table and chairs to work on and for eating meals and snacks. Chalkboards, easels, record players, books, puzzles, and blocks are readily available. The areas are warm, cheerful, and well equipped.

There are two outdoor play areas, one immediately at the back of the building and the other on the roof, with stairs going up from the first level. Both play areas are well equipped with large-muscle play and exercise toys, including sandbox, sliding board, jungle gym, and UFO. The two areas provide enough play space that all of the children may go out at one time, if necessary.

The teacher and assistant teacher work with their group on an individual basis, in small sub-groups, and as a class. Since the center is open from 6:00 AM to 6:00 PM, the teacher hours are staggered. The director works individually with the teachers and children, sometimes in the company of a psychiatric-social worker who comes once a week. Arrangements have also been made for a psychologist to come periodically to test the children.

The basic schedule for the day begins with breakfast at 8:00 AM, followed by clean-up, structured activity, free play, music of some kind, outdoor play, wash-up and story, snack, shape and concept learning, free play, Peabody Kit, wash-up and prepare for lunch, lunch, nap, then individual work or free play as the children begin to leave. The methodological approach to education is covered in detail in the Notable Elements section. A complete daily schedule is included in the Appendix to this volume.

Food

The center provides breakfast, morning snack, hot lunch, and an afternoon snack every day. There is a fully equipped kitchen in the building, and a full-time cook. Food is ordered in bulk from local wholesale houses, and menus are planned, by the secretary, in consultation with the director. Meals are planned within the guidelines of the Chicago Board of Health. A sample weekly menu is included in the Appendix to this volume. Different ethnic foods and holiday specialties are served throughout the year, and birthday cakes are provided for each child.

The food is brought from the kitchen into the rooms on two-tier trays. The children help set the little tables in each room, and also clean up. Teachers eat their meals with the kids, encouraging them to try everything and not to take more than they can finish. There is no pressure to clean their plates. The children are allowed to leave the table when they are finished. Meals and snack times are considered an integral part of the total learning experience, and are generally a very pleasant part of the day.

Transportation

The center does not provide transportation for the children. The director estimates that about two thirds of the children are brought to the center by the parents in their own cars, and approximately one-third are dependent on public transportation. This presents some problems for parents who are dependent on public bus schedules, transfers, fares, etc., while attempting to deliver small children and still get to work on time. It should be noted that pay rates in the garment industry are based on piecework, so that every minute taken away from the scheduled work hours results in direct loss of pay.

The center hopes to alleviate this problem in two possible ways. The first is to establish more centers in close vicinity to the garment factories, a plan already being followed in establishment of the second center, in a renovated building right next to a factory. The second possibility is establishment of a center in the moderate income housing project that the union is currently building. An additional solution might be union-provided transportation on a joint basis for day care centers and retiree facilities, since both face the same problem of traveling to the present center via public transportation from all over the city.

Health Care

See Notable Elements, pages 11 - 12.

Social Service Resources

The day care center in and of itself is a social service resource to the union. It is also proving to be a very useful means of approach to other areas of social need for union members, on an almost happenstance basis.

For example, one woman sought help from the center in filling out her unemployment compensation forms. She did not want to accept "charity," and could not read English well enough to understand and fill out the form. One of the Spanish-speaking teachers at the center explained the form and helped her fill it out; then a phone call was made to the appropriate office to insure there would be no difficulty when she picked up her check.

Similarly, a child in the center was found to be severely emotionally disturbed, to a degree that made his continued attendance deleterious to center programs. He was referred by the director to a pre-school clinic for emotionally disturbed children, one that accepts children only if the parents agree to counseling at the same time.

Because of this kind of experience, the center is now exploring the possibility of a more active role in social services. The exploration is tentative, because the client population tends to shy away from any hint of social welfare in the usual terms. Present thinking is in terms of an additional staff member to handle these situations full-time, to follow up on them, acting as liaison when necessary between the union member and any outside agency. The service is needed, and there are prospects that the union will agree to supply it.

Parent Education

There is very little formal contact with parents at the ACWA center, encounters being limited almost entirely to the pick-up and delivery of children to the center. Additional parent contact through day care and social services is at present in the developmental stages.

ORGANIZATION

Policymaking

Policy for the day care center is set by the Amalgamated Social Benefits Association, an entity of the Chicago Joint Board of the Amalgamated Clothing Workers of America. The Board consists of eight union officials. The Amalgamated Social Benefits Association is a separate trust established through collective bargaining, based on a percentage of payroll, to operate the union's health and welfare programs. Decisions are based on what is best for the union membership.

The manager of the Joint Board, Murray Finley, who is also an elected vice president of ACWA, has been the primary driving force behind establishment and operation of the center. His administrative assistant is the liaison between the Joint Board, the Social Benefits Association, and the center director. Policy decisions are transmitted through the administrative assistant; center needs affecting policy are transmitted back to the board by the same route. Final approval on policy matters, however, rests with the full Social Benefits Trustees. Specific areas of the program are administered as follows:

> Program Planning--Since the program is new, most of the planning is done between the Joint Board Manager, his assistant, and the center director. The director is the authority on substantive decisions regarding day care, while the others are concerned with strategy for union participation and approval, and employer relations, particularly in the present expansion plans. As other centers are established and Parent Advisory Committees are formed, other program-planning arrangements are likely.

Program Budgeting--During this first year, no definite budget was set. The center is considered a model from which the others will be fashioned. A set budget is anticipated for the future, however, and will probably be developed by the director and the administrative assistant, with approval of the trustees of the Social Benefits Association.

Staffing--All personnel matters are handled by the director in consultation with the administrative assistant.

Program Operations--Basic program structure and curriculum were developed by the director, and are now subject to continual evaluation and change by the director and the teaching staff, in joint and individual meetings.

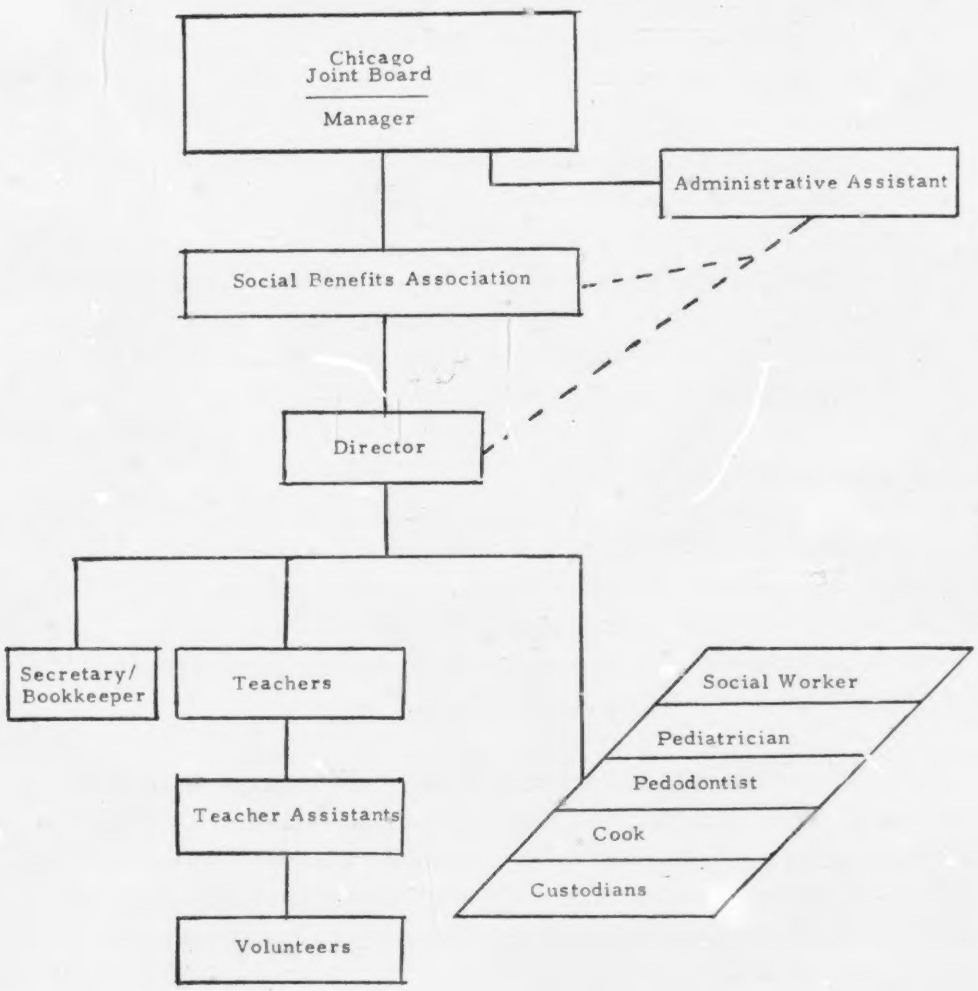
Staff Organization

The director administers the day-to-day operations of the center, responsible to the Joint Board of ACWA. She has daily classroom contact with the children and the teachers. It is anticipated that when the second center is opened, she will continue in the present center full-time but will supervise both centers.

The secretary/bookkeeper handles administrative detail work, including record keeping, ordering supplies, and secretarial duties. She also plans the menus and orders all food. She comes in at 10:00 AM and stays until 6:00 PM or until the last child has been picked up. She also substitutes in the classroom when teaching staff are absent for short periods of time.

The pediatrician attends to health problems either directly or by referral to the clinic, the pedodontist is responsible for all dental care, and a psychiatric-social worker and psychologist consult regularly with the director, teachers and parents.

AMALGAMATED DAY CARE CENTER
ORGANIZATION CHART


Chicago Joint Board
Manager
Administrative Assistant
Social Benefits Association
Director
Secretary/ Bookkeeper
Teachers
Teacher Assistants
Volunteers
Social Worker
Pediatrician
Pedodontist
Cook
Custodians

The teachers are in charge of daily activities in their own classrooms, and plan curriculum within the basic structure, subject to review by the director and other staff. There is a teacher and an assistant teacher in each class area; both are responsible for carrying out general child education, social-emotional development activities, and physical-recreational activities.

Only one regular volunteer is currently available to the center; more volunteers are hoped for in the future.

Staff Meetings and Records

The entire staff meets regularly once a week to discuss children's problems, curriculum, and program plans and approaches. The director meets at least once a week with each teacher separately, and individually throughout the week as needed.

Each teacher keeps daily notes on each child, and prepares detailed reports twice a year. A copy of the report form is included in the Appendix to this volume.

Staff Selection and Training

Recruitment and hiring of staff is centered around training, experience, and the ability to relate to and respect young children of different cultures, rather than strict professional paper qualifications. The only policy guideline on staff selection was to seek an ethnic as well as a male-female mix. The results: of the three men teachers, two are Anglo, one Black; of the five women, two are Anglo, two Black, one Puerto Rican.

The staff development program is designed to acquaint staff members with educational psychology, music, programming, arts and crafts, child literature, cognitive development, racial and ethnic awareness, and a knowledge of working-class families. All staff members receive two weeks of formal training and at least two hours a week of in-service training. This includes lectures on child development by day care specialists and visiting professionals, as well as working with a psychiatric-social worker, a pediatrician, and a (part-time) child psychologist. The union also provides resources for any staff member wishing to continue his formal education.

This program has enabled the director to hire three people who would otherwise have been disqualified for lack of experience and/or formal education. It has also allowed salary increases for staff.

AMALGAMATED DAY CARE CENTER STAFF ROSTER

STAFF POSITIONS	Hours/Week (Av. Position)	Child Contact Hours/Week (Av. Position)*
Total Staff (18– 12.4 full-time equiv.	496	455
Paid Staff (17-11.9full-time equiv.)	476	435
ADMINISTRATIVE ASSISTANT	8	----
DIRECTOR	50	25
PSYCHIATRIC SOCIAL WORKER	8	8
TEACHERS (4)	160 (40)	144 (36)
ASSISTANT TEACHERS (4)	160 (40)	144 (36)
PEDIATRICIAN	2 - 4	2 - 4
PEDODONTIST	2	2
SECRETARY/BOOKKEEPER	40	20
COOK	40	20
JANITOR		
ASSISTANT JANITOR		
In-Kind Staff (1 - .5 full-time equiv.)	20	20
VOLUNTEER AIDE (1)	20	20

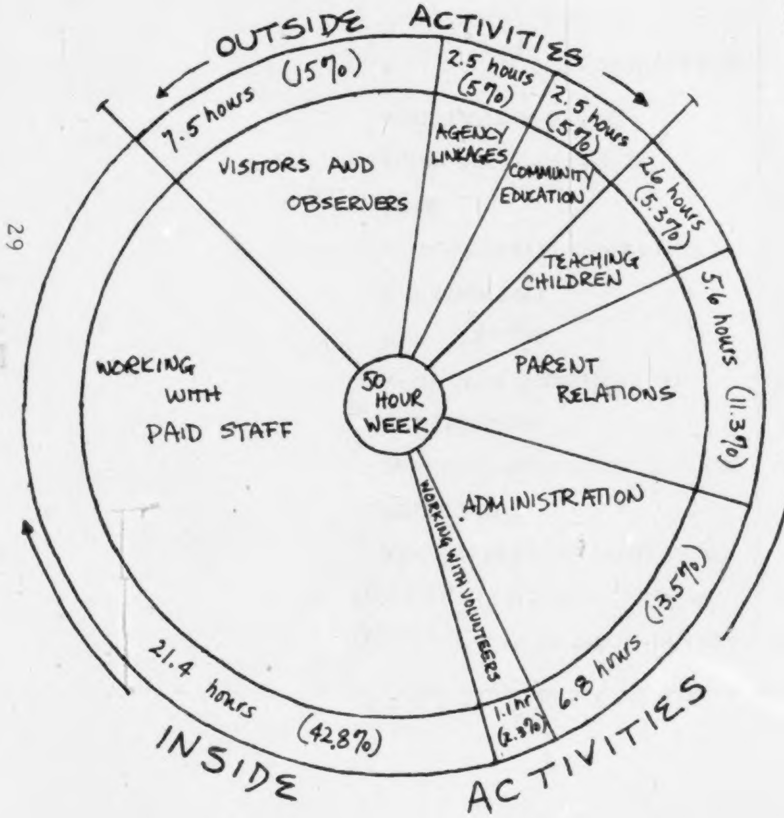
OVERALL PAID STAFF PROFILE

Education:		
	M. D.	1
	D. D. S.	1
	M. S. W.	1
	Graduate Work	1
	B. A.	4
	Teacher Certificate	1
	College Experience	3
	High School	5
Sex:		
	Male	7
	Female	10
Ethnicity:		
	Anglo	11
	Black	3
	Chicano	2
	Puerto Rican	1
Parents of Project Children:		0

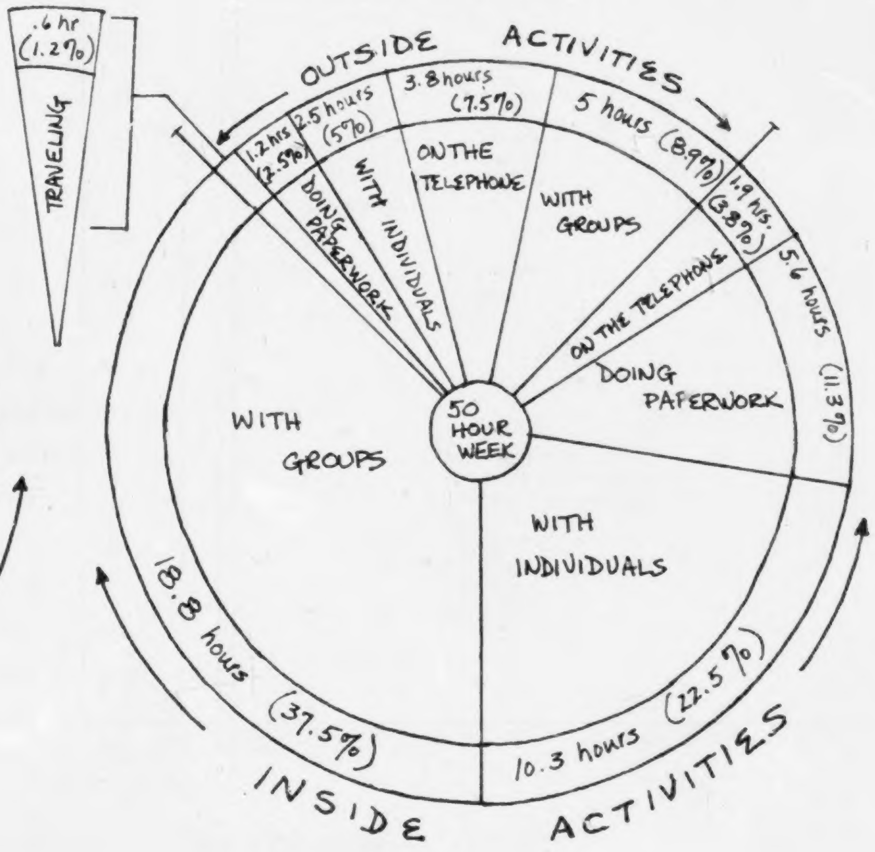
*Estimated

This is the way Amalgamated Day Care Center's Director spends her time:

This is what she spends it on:



And this is how she spends it:



HOW RESOURCES ARE USED

On the next page is the functional breakdown of the way 1970 - 71 income (shown in At A Glance) will be used. The In-Kind column may include one or more of the following types of donations: materials, facilities, underpaid labor, volunteer labor, and labor paid for by another agency.

For the sake of clarity, expenditures are divided into four categories. Together, the first three make up basic child care costs:

I. STANDARD CORE

This category shows costs commonly incurred in day care operations:

A. Child Care and Teaching--personnel, curriculum and general classroom supplies.

B. Administration--personnel, equipment depreciation, office supplies, staff travel, telephone, insurance, audit.

C. Feeding--personnel, food stuffs, other food related expenses.

II. VARYING CORE

This category shows costs which can be assumed either by operators, or by parents, or by both:

D. Health--personnel, supplies, health related services.

E. Transportation--personnel, operating expenses, maintenance, insurance.

III. OCCUPANCY

Because occupancy costs vary widely, they are shown separately. Included: rental value of property, utilities, taxes, property insurance, custodial personnel and supplies.

IV. SUPPLEMENTAL SERVICES

This final category shows program enrichment elements above and beyond basic care which have significant dollar costs or revenues associated with them.

AMALGAMATED ESTIMATED $ AND IN-KIND EXPENDITURES 1970 - 71*

SUMMARY:	% of total	total cost	cost/child year	cost/child hour	Personnel costs make up:
Standard Core	80 %	$126,600	$ 2,344	$ 1.14	80 % of $'s
Varying Core	4 %	6,700	124	.06	100 % of In-Kind
Occupancy	16 %	24,700	457	.22	81 % of Total ($ + In-Kind)
TOTALS	100 %	$158,000	$ 2,925	$ 1.42	

*costs to nearest $100,
% to 1.0

BASIC CARE

	% OF TOTAL	TOTAL	=	$ COST	+	$ IN-KIND
I. STANDARD CORE COSTS						
A. Child Care and Teaching	56%	$88,200		$84,300		$3,900
B. Administration	14%	21,500		21,500		0
C. Feeding	10%	16,900		16,900		0
II. VARYING CORE COSTS						
D. Health	4%	6,700		6,700		0
E. Transportation	0%	0		0		0
III. OCCUPANCY COSTS	16%	24,700		24,700		0
TOTALS	100%	$158,000 (100%)		$154,100 (98%)		$3,900 (2%)

IN CONCLUSION

Comments about Amalgamated's Day Care Center cover the full range, from raves to disappointments, and perhaps best sum up its impact.

Parent comments:

> "It's a second home for my child. She's eager to go back every day." "I like it that it's integrated. The union helps all nationalities. They want to help people be people." "His mind is made up. Now we say grace before meals or we don't eat." "It's brought the family closer together. We have a common thing to talk about-- the center." "Now she lets you know when she doesn't want something or when she has had enough. She didn't do that before." "No, they don't punish him for misbehavior. I wish they would." "It's helped me be more patient, and given me a better understanding of my own child." "Now when I go to work there's no need to worry. I trust the staff." "Now I notice him more closely. I can see that he catches on easily, and can express himself more." "I think it's giving him a good base to build on. He's learned to get along with other children, to use materials and equipment constructively, and learned numbers and the alphabet."

Teacher comments:

> "The most important need for a pre-schooler is a responsive environment. We try to give him one which allows for his individual needs while impressing on him the group's needs. The classroom needs to be both stable and exciting." "What makes a good teacher? (1.) Patience. (2.) A good reaction to children. (3.) A realistic perception of children. (4.) A real liking for children. (5.) Some theoretical training." "In cases of misbehavior, I try to undercut the situation in a way that cools the violence. I take the child outside the situation so he can get a picture of it." "The best thing about this place is Manni Tuteur's (the director) willingness to listen to anything. The worst thing is the building. It's chaotic." "Good behavior is generally responded to with a smile or a pat on the head. With a few words of praise. With a hug." "The director is nondirective and nonauthoritative. It's difficult for her to make a firm decision." "If he persists in bad behavior, he's put in the think chair to think over what he's been doing. The teacher then explains to him what the trouble is. He usually decides to come back to the group."

Observer comments:

> "I ate two meals with them and didn't see any great amount of concern for who was eating what. No one tried to force them to clean their plates and that routine." "The attitude toward the day care center (from the union) is really wild. 'Build the center,' they said. 'The kids will come.'" "Many of those who do bring their kids are very concerned with the traditional learning skills. One mother was very concerned that her child learn to read. It later turned out that she herself could not." "It struck me that the more you have, the more you expect. Staff knows that the finances are in pretty good shape, and they can in fact go out and buy minor things. The depreciation rate on equipment has been extremely high." "The children come first at Amalgamated with the director and staff."

The observation team felt that the Amalgamated Day Care Center provided quality child care and educational development. In some areas, notably parent involvement and social service resource functions, the center could be doing more, and undoubtedly will as it matures and expands. In other areas, excellence already exists. At the basic care level, all elements are being provided in exemplary fashion: protection, nutrition, health, tender loving care, and general stimulation of mind and body. In addition the center, as a part of a larger comprehensive social benefits program, has a rich mixture of program elements which meets some of the developmental needs of children, staff, parents, employers, and union.

For children:	planned skill teaching in self-reliance; self-image enrichment; peer cooperation; health and nutrition; and cross-cultural appreciation.
For staff:	advancement through training; in-service support; adequate pay; exceptional fringe benefits.
For parents:	lessened financial strain; knowledge of adequate care for child; less absenteeism; health care and social service assistance otherwise not available.

For employers:	increased productivity and efficiency; less absenteeism; more stable work force; less turnover; and decreased tension in the factory during working hours.
For union:	Brings members closer to their organization; provides opportunity for meaningful service to the members; fills important need of union members who are parents of children three to five.

The Amalgamated Day Care Center is an excellent example of quality service, directly responsive to community need, provided by the union for the benefit of its members, using funds negotiated from the employers.

APPENDIX

The appendix consists of illustrative materials drawn directly from the center. Included are:

Daily Classroom Schedule

Sample Menu

Child Progress Report Form

Union Pamphlet

Amalgamated Day Care Center Daily Schedule

6:00 - 8:00	Teachers arrive and supervise activities while greeting the new arrivals
8:00 - 8:30	Supervise breakfast and clean up
8:30 - 8:50	Structured activities
8:50 - 9:15	Free play
9:15 - 9:35	Music
9:35 - 10:00	Outdoor play or indoor activity depending upon the weather
10:00 - 10:15	Washup and story
10:15 - 10:30	Snack
10:30 - 10:45	Shape concept training
10:45 - 11:00	Free play
11:00 - 11:30	Peabody kit
11:30 - 11:45	Wash up and prepare for lunch
11:45 - 12:15	Lunch
12:15 - 2:30	Nap During this time the teacher meets with the director or plans her program. (The teacher that comes in a 6:00 AM leaves at 2:00 PM)
2:30 - 6:00	Individual activity or free play as children leave.

SAMPLE MENU

CHICAGO BOARD OF HEALTH – NUTRITION SECTION
CIVIC CENTER

Day Care Center Menu Planning Form

Name: Amalgamated Child Day Care and Health Center
Director's Name: Muriel Tuteur
Address: 323 S. Ashland
Zone 60607
No. of Children:
Telephone: 243-3147
Date: November 2 - 6, 1970

MONDAY
Baked chicken with dressing
Buttered green peas
Celery sticks
Enriched white bread/butter
Gelatine
Milk

TUESDAY
Spanish rice with ground beef
Carrot sticks
Buttered spinach
Apple sauce
Whole wheat squares/butter
Milk

WEDNESDAY
Hard cooked eggs
Broiled bacon
Cheese sticks
Hash brown potatoes or rice
Green peas
Enriched white bread/butter
Fruit flavored gelatine
Milk

THURSDAY
Hot dog with bun
Mustard or catsup
Mashed potatoes
Cabbage and carrot salad
Fresh fruit
Milk

FRIDAY
Baked fish sticks with tomato sauce
Brown rice
Tossed fresh vegetable salad
Buttered spinach
Orange slices
Milk

SNACKS: Mid-Morning   Mid-Afternoon

Noon Meal Guide

Meat, poultry, fish, cheese or egg dish
Potato
Dark green or yellow vegetable
Bread w/ butter
6 oz. milk
Simple dessert – pudding or fruit

Morning Snack Guide

4 oz. orange or grapefruit juice or
8 oz. tomato juice

Afternoon Snack Guide

6 oz. milk
Plain cookie or cracker

FORM TO BE FOLLOWED ON PROGRESS REPORT

THE FOLLOWING AREAS SHOULD BE COVERED IN THE REPORT: (Please indicate changes, growth, or regression)

1. DESCRIPTION OF THE CHILD

    a. Physical appearance
    . Muscular development
    c. Health and attendance
    d. Speech
    e. Self image
    f. Interests
    g. Intellectual characteristics
    h. Fears
    i. Thumbsucking, masturbation, if any, in what situation?
    j. Unusual behavior
    k. Attitude towards family

2. CHILD'S ARRIVAL AT THE DAY CARE CENTER

3. CHILD'S DEPARTURE FROM THE CENTER

4. RELATIONSHIP WITH TEACHER

5. RELATIONSHIP WITH OTHER ADULTS

6. RELATIONSHIP WITH OTHER CHILDREN

7. RESPONSE IN ROUTINES

    a. Bathroom
    b. Mealtime
    c. Rest time
    d. Dressing
    e. Clean-up

8. RESPONSE TO MATERIALS AND ACTIVITIES

9. TEACHER'S RECOMMENDATIONS

AMALGAMATED CHILD DAY CARE AND HEALTH CENTER
323 S. Ashland Blvd. 243-3147

PROGRESS REPORT

CHILD'S NAME ______________________________

SEX ______ BIRTHDATE ______________

ADDRESS ____________________ PHONE ______

FATHER'S NAME ____________________________

MOTHER'S NAME ____________________________

DATE OF REPORT ______________
SUBMITTED BY ________________

the Union And The Day Care Center

In March, 1970, a day care center opened on the near west side of Chicago.

MISSION

"The job of any trade union is to help provide a better standard of living, a higher and fuller quality of-life. A better standard of living for our members means not only better wages, shorter hours, paid vacations, holiday, insurance and retirement programs, but it also means better housing, equal opportunities, finer education and improved health care for the entire family.

"One of the reasons our Union has become involved in the establishment of day care centers is because industry encouraged women to enter the work force, but did nothing to meet the problem of caring for the children of the mothers they encouraged to work.

"The Union is not providing an opportunity so mothers can leave the home. Women in the garment industry have to work and they have no choice. Their only choice is what kind of care their children get. In most cases, working mothers have no choice today on the quality of care for their children. We intend to give the members of the Chicago Joint Board a choice."

Murray H. Finley, Manager, CHICAGO JOINT
BOARD, and Vice President,
Amalgamated Clothing Workers of America

THE CONCEPTION

The Chicago center was conceived and executed by the Chicago Joint Board of the Amalgamated Clothing Workers of America. It was designed by John C. Heinrich, one of the architects responsible for the city's famed Lake Point Tower. The building is of a single-story, highly functional design. It has no permanent walls within, enabling shifting screens to enlarge, enclose or alter. It features super graphics, is fully carpeted and has outdoor play areas which include rooftop use.

A PARENT'S PEACE OF MIND

The idea for the Center grew out of the union's commitment to provide something for its members that went beyond the multiple benefits that had already stamped "the Amalgamated" as one of the most enlightened and progressive unions on the American Labor scene. That something which it sought to impart was peace of mind to the working parent . . . Peace of mind to enable someone on the job to be worry-free and not anxious about the care of their children while they were working . . . Peace of mind for members with small children who had neither help at home to care for their children nor sufficient funds with which to place them in facilities elsewhere. The cost of maintaining the children in the day care center is estimated to be $2,000 annually per child. It is totally free to the member; total cost is absorbed by the Union.

WORKING WOMEN

Important in the union plan for the day care center was the fact that the clothing industry employs more women than other industries. In the Chicago area, Amalgamated membership includes 70 percent women. Working mothers, by definition, hold two full time jobs. They return home after a full day's work in the factory to assume their family responsibilities.

OTHER PROGRAMS

The Amalgamated Clothing Workers of America had long since established:

. . . a retiree center where hundreds of senior members gather daily for relaxation with friends as well as for organized social, educational, and recreational programs.

. . . an educational fund that provided as a matter of right an educational grant for any 13-year member's son or daughter for his post high school education.

. . . a complete medical, dental and pharmaceutical clinic of its own, the Sidney Hillman Health Center, offering free medical service and prescription drugs as well as eyeglasses, physiotherapy, etc.

. . . the United Dwellings Foundation, which will provide union members and others throughout the city with quality residential housing on a not-for-profit basis.

THE PHILOSOPHY

The sixty children are exposed to a philosophy whose objectives are:

"To provide an atmosphere where union parents can leave their pre-school children and have peace of mind while working.

"To give the children a chance for complete development intellectually, emotionally, physically and socially under expert guidance.

"To add cultural enrichment to the lives of the children."

The Union believes you can never be finished accomplishing these objectives; "you merely continue in pursuit of them", according to Murray Finley. "And the way in which the union has tried to do so is by providing in addition to its facilities a dedicated staff that remains in search of the objectives."

HOURS AND DAYS

To the Union, the day care center was a logical extension of its mission, and funded by the Amalgamated Social Benefits Association, the comfortable, airy building is open from 6 a.m. to 6 p.m. five days a week, 50 weeks a year. It is closed on New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day—all days that members by their Union contracts have paid holidays.

THE STAFF

The teaching staff is comprised of a director, four fully accredited teachers and three assistant teachers.

In addition, the staff includes: a full-time secretary, a full-time cook, a part-time psychiatric social worker, part-time volunteers and attending pediatricians and pedodontist (child's dentist). The pediatrician gives the children innoculations required by the Board of Health and examines the children regularly. He also dispenses shots for the prevention of polio, German measles, etc. The pedodontist who works exclusively with children, conducts examinations, x-rays, and administers treatment. All medical and dental service is at no cost to the parent.

Senator MONDALE. Senator Schweiker?

Senator SCHWEIKER. Thank you.

I would like to congratulate the witnesses. I know they have played a leading role in our efforts here for some time and I feel that this is a social involvement of union leadership at its very best. So I commend the witnesses for their interest and for their work in this area. This will be helpful in bringing meaningful legislation through the Congress.

I would like to ask a few questions about some of the details.

Miss O'Grady, I am very much interested in your Chambersburg, Pa., center. I wonder if you could tell us more about it. When did it start up there?

Miss O'GRADY. July 1970.

Senator SCHWEIKER. Which is your oldest center?

Miss O'GRADY. The first center that opened was in Staunton, Va. That was in September 1968.

Senator SCHWEIKER. Since you have been leaders in this area, if you had to sum up the key to running a good center and maintaining a good center what would be the two or three most important things to come to light? How would you sum it up in terms of our legislation? What should we look for in setting up these centers, and in your judgment, what is the hallmark of them?

Miss O'GRADY. In talking with the people directly involved in running those centers, I have gotten the impression that the thing they liked most about S. 1512 is the overall comprehensive nature of the bill, the quality of services to be provided to the children.

Our day care center directors are very child-oriented. That is what is important to them. And anything that is developed to provide the maximum of comprehensive service in the way of education, medical attention, and nutrition, is what I think would be their response as the hall mark of a successfully operating day care center.

I think the other thing that has been of importance to them is the participation of the members themselves, the working parents, in the planning and development of the activities for their children and their involvement in the operation of the day care centers.

Senator SCHWEIKER. In your testimony you indicate a cost figure in terms of $2,800. I am not clear if that is one center or if this is an average.

Miss O'GRADY. Yes; that is one center. That center in Chicago has found at the end of a year's operation that their costs came to $2,800 a year, per child.

Senator SCHWEIKER. Do you have a figure like for Chambersburg?

Miss O'GRADY. I don't have a specific figure but I think again that that figure ranges between $2,000 and $2,500.

Senator SCHWEIKER. That is for what period of time, a school year?

Miss O'GRADY. A year's operation per child.

Senator SCHWEIKER. 12 months?

Miss O'GRADY. That is right.

Senator SCHWEIKER. In your judgement, and I know this is a difficult question because we went over this and there was disagreement on the whole area, what is the most important group to target in terms of legislation?

In your judgment, as I said. I know there is a wide difference of opinion. Should we concentrate on the working mothers with preschool children or gage the problem in view of the total number of children in day care centers? In other words, where should the thrust of our bill lie? Assuming there is enough money to go around, where should we most effectively use our resources?

Miss O'GRADY. I think its clear from our testimony that we like the thrust of S. 1512. Bringing in the disadvantaged child as a priority we think is a worthwhile social objective plus preschool children of working parents.

Senator SCHWEIKER. When our Committee passed a law making it part of the bargaining process to set up these child day care centers, the Amalgamated Clothing Workers was the union most related to this particular situation because union officials had worked on the problem for some time. How much has this progressed?

Is this something that is now commonly accepted by employers in your industry or do you have to put a lot of emphasis on producing it. How widespread is it now in view of this law?

Miss O'GRADY. The centers we operate are operating in two areas of our union and there will be a third in our New York city regional area. We have found that our employers are more and more interested in day care because they are beginning to understand the benefits that they derive as their employees, the women, have the ease of mind that their children are being well taken care of.

I think as time goes on, more and more of our regional areas will be able to engage in this kind of collective bargaining process with our employers. There may be financial problems on the part of management in making this kind of contribution, however, and that is why we think that Federal assistance would vastly help our efforts and the efforts of other unions to continue in this field.

Senator SCHWEIKER. Aside from the financial matter which is obviously a very important one, in setting up a joint center like this, is the most important factor the attitude of the employer, or whether or not there is enough rank and file attention and interest to make it a bargaining point with the employer?

In other words, where could we benefit most from initiative? Does it lie with the employer, or is it a matter of the mothers being interested enough to make it a top priority bargaining item?

Miss O'GRADY. That is where it begins. It began in our union some time ago. The women in our union were getting more and more troubled with their inability to find proper daycare for their children. That was the genesis of our organization's interest. From that pressure, I think we can build to a point where we will be able to provide these services for more and more of our members but it's not enough on a nationwide scale.

Senator SCHWEIKER. You mentioned, too, in your testimony, Jane, that paraprofessionals are very helpful. How do you train them and where do they come from? Is this on the job training? Just how do you get them into the program?

Miss. O'GRADY. Yes it's on-the-job training in most of the centers. It's not clear to me in all of the centers where the people have come from; but mainly, they have come from the community as the centers were being developed.

A need was noted for additional personnel in the centers, and it was recognized that paraprofessionals would be useful. What the recruiting process was, I don't know. But the paraprofessionals who work in the centers get very extensive on-the-job training and some continue their education, and have shown an interest in wanting to do more. Evening sessions have been held for the staffs of the centers to increase their ability to work with the children.

Senator SCHWEIKER. In view of S. 1512, the bill we are cosponsoring, am I correct in assuming from what you said earlier that you would like to see the private sector continue to play an important role in Daycare, and not have it taken over by the Federal Government? Is that right?

Miss. O'GRADY. Yes, we would like to participate within the mechanism of this legislation. We want to participate with a wider community. I don't think we necessarily, have any pride of authorship in running our centers.

We would like to be able to provide these services across the board to the extent that we have some ability to do that.

Senator SCHWEIKER. I would be glad to ask you more, but if you other witnesses have comments, I would like to have your comments

Evelyn, do you have anything?

Mrs. DUBROW. Yes, I would like to say that really we believe the only way you can honestly tackle this whole problem, Senator Schweiker, of day care centers, is to have the private sector's part of it but that the main response has got to come from the Federal Government.

And we think that there has to be a great deal of planning and consulting with local groups including the parents.

The thing that bothers me about inplant day care centers, and this is one of the reasons that we have not done what the Amalgamated has done, is the fact that we would like to have the children be part of the community. We would like is to be an economic mix, a racial mix, a religious mix. We think that is terribly important in the education of the child himself.

So for that reason, we have been reluctant to establish inplant centers or centers just for our own members. Also, we have not negotiated for child care in our contracts because our contracts were negotiated before the section to Taft-Hartley was changed to permit that.

I don't know what we will do in the future but we certainly would want to give first preference to having an across the board day care center. There is one other thing, I think you asked whether this was something which the employer is rather than the mothers or fathers or workers stimulated.

I would say that in some cases it has been both. There is no question that the working mothers are ones most concerned. But I think the employer has discovered that once the mother does not have to be concerned about how her child is being taken care of during her working hours, she produces much better.

There is less absenteeism, there is less tenseness, there is less spoilage. I think we can document a good deal of this in terms of the needs that we have. And I think for that reason, employers particularly in the urban areas recognize the need for child care centers.

The third thing I would like to say, Senator Schweiker, is that unless we do something about this, the combination of the problems of unemployment, of poverty levels as they are, and of welfare, will become so enormous that we may not be able to face them and cure them unless we get some assistance that is offered to us in S. 1512.

For that reason as I said before we are making this a priority campaign throughout our unions in the 38 States and Puerto Rico. Thank you.

Senator SCHWEIKER. Do you want to comment on any of those, Ken?

Mr. YOUNG. Just a little bit, Senator. I think the other two here have spelled out pretty much the position of the unions. We are convinced the private sector can't do it alone. We are convinced there has to be massive Federal support. We like the option in 516(b)(1) because it permits centers at the workplace. We think there are going to be communities where that will be important.

We also think, as Evelyn just said, that it's extremely important to get involved directly with the community. We do think that our union members are community members first. We like the idea of the socioeconomic mix. That is important at the community level.

I think as Evelyn said, in some areas, it's not going to make sense to have centers at the workplace. In other areas it will probably make a great deal of sense and we feel that S. 1512 provides these options, and recognizes that there is a flexibility in the bill so both systems can be used and in effect you can have a mix within an area under a CDC. You could have both types of programs and we think that is exactly the way it should be.

For that reason, we support this part of the bill. We think it makes a great deal of sense.

Senator SCHWEIKER. That is all I have.

Senator MONDALE. Senator Taft?

Senator TAFT. Thank you very much, Mr. Chairman.

Let me add to what the Chairman and Senator Schweiker have stated regarding your approach to this problem over many years. I would like to ask Mr. Young to expand a little on what he just was talking about with regard to the possible limitations on this as related to child care.

In other words, you are saying that this is just one possible facet of an overall program. Wouldn't it necessarily relate to the location and——

Mr. YOUNG. What I meant, Senator, was that there would be places we feel where a center at the workplace will make a great deal of sense. There are going to be other locations where the center may be somewhere else, where the mothers may want to have their children going to a community center.

I can think of some areas of the country that I have been in where probably the best facility in a given community might be the union hall.

I am not talking of a union center, it's just a facility. I can see great numbers of benefits from that. Just the same way as the church may be a center. That, too, is provided in this bill.

Senator TAFT. You just mentioned facilities. With regard to facilities, do you have any idea together with the other witnesses about the priority to be given to facilities on the one hand as opposed to the actual program on the other?

Mr. YOUNG. Well, I will give you my thought for a minute, Senator. I am glad to see there is provision for construction in this bill. The Amalgamated found a need to build its own centers. I think there will be places where remodeling or renovation may take care of it.

I would not like to see heavy emphasis on construction because I think that would be too costly. I think clearly there are going to be needs for some construction. I think in terms of getting a mix there is going to be a need in some communities to put in a center where you can bring in children from a different level and different minority groups and get the mixture that we all feel is so important to comprehensive child care.

So I like the idea of a provision for construction, and I also like the idea of not having too heavy an emphasis than it is.

Mrs. DUBROW. Senator Taft, I would like to say a word on that, too. I think the primary concern with child care ought to be what it does to the child physically and mentally. And if it were just a matter of facilities then only the rich children would be all right in this country and many of the poor children who come from families where there is love and affection would not grow up to be very good citizens.

So it seems to me facilities are important only where there is no available substitute. I would not like to see the money appropriated heavily for facilities. I would think, however, where there are new housing projects, or new schools being built that there ought to be taken into consideration the need for setting aside some facilities for day care centers.

I would like to point this out—about S. 1512 that we might sometimes forget. It specifies taking care of children up to age 14, so I think in terms of facilities, schools and other organizations that have facilities could be used for keeping the teenage children or the children above preschool age harbored.

The facilities are important but not nearly so as the other services your bill calls for.

Senator TAFT. Thank you.

How would you coordinate or suggest that we coordinate industry-related child care centers with other centers in the communities involved? Do we need a clearinghouse, more information transmitted between groups? Are you working for instance with the Community Health and Welfare Council in areas in which you have these centers?

Miss O'GRADY. I don't have a specific answer to that, Senator. I just don't know enough about those specific details. I think when I asked the administrator of our centers in Baltimore to respond to the inquiry from Senator Mondale, I will have him address himself to that.

Senator TAFT. That would be helpful and Baltimore would be a good example.

Miss O'GRADY. But under the bill I don't think it would be difficult. As a matter of fact, it calls for a rather coordinated approach on a community level to day care.

So that under the mechanisms of this bill I think it would be very easy for all of the groups who involve themselves as sponsors of day care centers to coordinate their activities in a meaningful way.

Mr. YOUNG. I think, Senator, really the bill's mechanism spells that out because as I see it, if you had a center at the workplace again under 516(b)(1), that center would have its own LPC. That LPC would be a part of the CDC. So you would get this coordination.

You would have the LPC with other LPC's in that area; working together through what I would call sort of the umbrella. I think that makes a great deal of sense.

Senator TAFT. But there are questions of standards and programs, and the like. I think the community, whether industry-related or not, is going to try to integrate themselves into the so-called welfare community or the social services community, and I think it would be an important question.

Mr. YOUNG. First, you have standards and assurances required by the bill. Yes, it's true that there is a situation where you could have working mothers in a center at a workplace where you might not have the same mix that you have in a community center. I really see nothing wrong with that.

You have this community interest that is not being done to avoid socioeconomic mix and you may well have it anyway. I think in a sense, it's the same sort of situation as the bill provides, you could have a center for handicapped children, for example, because they have different problems. And you may want to have a center dealing strictly with seriously handicapped children.

The first priority would be the handicapped problem, the second, of course, would be the mix.

Senator TAFT. I would like to ask a few questions for your comments on financial support. There has been discussion by some of the other witnesses about a trust fund approach. In this area I gather your program in part is financed with a trust fund.

Miss O'GRADY. In whole.

Senator TAFT. In whole by trust fund.

Miss O'GRADY. Yes.

Senator TAFT. What are the sources of funds for that trust fund?

Miss O'GRADY. That is made up of a percentage of payroll which the employer puts into that trust fund for the provision of child care services.

Senator TAFT. What reactions do we have from any and all of you to using the so-called voucher approach to this problem insofar as providing a choice in the community at the various facilities for the parents to choose their own services?

Mr. YOUNG. The AFL-CIO does not like the voucher approach. Firstly, I think we feel that it permits shopping around. To me, I guess that is synonymous with "freedom of choice" which doesn't have a good ring with me. I think what you would do under a voucher plan is really get to a situation where you are at cross purposes with getting a socioeconomic mix.

I think it permits people that have vouchers to shop for what they think is the best center, to perhaps aim for what might become class-type care, either economic or by minority group or what-have-you.

Senator TAFT. In some cases today we do have to recognize a religious background in many cases, sometimes as you say they may even have an ethnic one that is involved. And I wonder if we are going to help the situation by going out and trying to fit those into some particular pattern?

Mr. YOUNG. I think what the voucher plan would do would give an incentive to build on this sort of thing. The best goal would be to try and have a mix. We are aware, of course, that you are going to have some church-based centers.

They would be using a church for facilities and it could well make sense in a lot of areas. I would not like to see a Federal incentive saying that all the children of one religion should be encouraged to use that center. I would rather have the children in the neighborhood use it and I think in a way the voucher plan does permit this shopping outside the community or outside of neighborhoods.

Mrs. DUBROW. Senator, may I say a word on that? In our union we try very hard to have people of all backgrounds get together. What we don't want to do is to have a situation where they work together in the shop but where their kids are put in separate day care slots.

We think that would occur particularly in the urban areas where if you had the voucher system they could decide to shop around. Another thing I think you would find is great competition for what people consider the best centers and others would not be used to their fullest.

So I would think it would be a dangerous thing to do so and I would echo what Ken's objection is. We recognize there are groups that shop around but they have done it because they have had to, there has been no other way.

But I think to encourage shopping around by use of the voucher plan would be a great mistake.

Senator TAFT. Mr. Young, the AFL-CIO statement makes mention of Headstart. I would be interested in hearing any further views as to whether you think Headstart has been a good program?

I have heard a lot of opinions on it——

Mr. YOUNG. Senator, as I said at the beginning, I am not an expert on child care. All I know is what I have heard. We have spent many years, it seems to me, working with OEO and working with people connected with OEO and I have always been impressed with what Headstart is doing and the advances made. And it seems to me many fine things have come from this program.

So that we have, down through the years, strongly supported Headstart and continue to support the concept and very much like the part in this bill that will go ahead with that type of thing.

Senator TAFT. In your experience, what average cost per child are you coming out with here?

Miss O'GRADY. As I mentioned, in our Chicago center, after a year's operation, they come up with a $2,800 figure per child per year for that year. That cost may go down as they continue to operate.

In Baltimore, I don't have a specific figure but I think it ranges between $2,000 and $2,500 per child per year in that regional area.

Senator TAFT. Are different techniques being used in your centers?

Miss O'GRADY. I'll have the administrator of our centers in Baltimore address himself to that.

Senator TAFT. Thank you very much.

Senator MONDALE. Thank you very much.

We would like to ask him more questions, but we have a very long witness list today.

Thank you very much for your most useful contribution.

Our next witness is Mrs. Marian Edelman, who as much as anyone has helped develop the legislation now pending.

STATEMENT OF MARIAN WRIGHT EDELMAN, WASHINGTON RESEARCH PROJECT ACTION COUNCIL, WASHINGTON, D.C.

Mrs. EDELMAN. Mr. Chairman, I have with me, Miss Judy Assmus the office expert in day care. She is here with me today.

Senator MONDALE. Very nice to see you.

Mrs. EDELMAN. I appreciate the invitation to appear here today and voice our views on Senate bill 1512 and our support for that, and I want to thank you, Senator Mondale, Senator Schweiker, and the other cosponsors of this bill which I think is a terrific bill and should be passed immediately. I also want to thank you for your invitation for me to appear here today.

Senator MONDALE. We are pleased you are here. No measure passes until we hear from one Boston swell and we are glad to have you here in that role. [Laughter.]

Mrs. EDELMAN. Thank you.

Senator MONDALE. Since Secretary Richardson couldn't come, you are as close as we could get. [Laughter.]

Mrs. EDELMAN. I am convinced that the time is right for child development legislation. I think this is reflected in a number of bills which have been introduced last year and this year in the Congress. I have never seen as much interest among private organizations, and I think it is fantastic the number of groups that have come together and have ironed out their difficulties to get behind a bill which hopefully will get through the Congress. Now this is getting to be the top item on the list of the communities for national action. I just hope that the Congress is going to respond as they see the ground swell of need and I hope you get this bill through rather soon.

I think it is a moral, national, political, and practical necessity—in every way. I think I cannot read my entire statement, it is rather lengthy, and I will summarize my statement in view of the time. But I think it is a disgrace that we continue to deny our children access to resources and help which would build our future generations, but this help is being refused to them, and we do not provide the services necessary for their full development.

It makes sense from a practical point of view and from a political point of view simply because I think women are becoming an ever increasing political force, and of course they would like to see improvement. From a national point of view I think it is important because we are dealing with a child during the period of their most important development period. It seems crazy for us as a Nation to continue to ignore our children by failing to prepare them adequately. I feel the White House Conference pointed out that less than 10 percent of our national budget was being devoted to children and less than 2 percent of our gross national product was being spent——

Senator MONDALE. That figure again, please?

Mrs. EDELMAN. We are devoting less than 10 percent of our Nation's budget, and less than 2 percent of our gross national product, to Federal expenditures for all of our children and youth under the age of 21 even though these young people make up nearly 40 percent of our population and I might add 100 percent of our future. I think that shows the lot of our priorities here.

Senator TAFT. Are you including this in respect to the gross national product?

Mrs. EDELMAN. I think so, in the gross national product figure. These were budget figures submitted to the White House Conference and we can provide in more detail if you are interested in any further figures in that area.

In fact we have more detailed figures which we can submit for the record.

Senator **Mondale**. Will you submit that please?

Mrs. **Edelman**. Yes.

(The following was subsequently supplied for the record:)

[FROM THE EXECUTIVE OFFICE OF THE PRESIDENT, BUREAU OF THE BUDGET]

FEDERAL EXPENDITURES FOR CHILDREN AND YOUTH (UNDER 21)

[In millions of dollars]

Category	1960	1963	1966	1967	1968	1969	1970 est.	1971 est.
Education	1.1	1.5	3.7	5.0	5.9	5.8	6.4	6.8
Manpower	(1)	.1	.6	.8	.9	1.0	1.2	1.4
Health	.4	.5	.7	.9	1.4	1.5	1.6	1.8
Food and nutrition	.3	.4	.4	.5	.5	.8	1.0	1.4
Cash benefits	1.6	2.3	3.2	3.4	3.7	4.2	4.8	5.6
Subtotal	3.4	4.8	8.6	10.6	12.4	13.3	15.0	17.0
Other:								
Social and rehabilitation services	.1	.1	.2	.3	.3	.4	.5	.6
Employment services and labor standards	(1)	(1)	(1)	.1	.1	.1	.1	.1
All other	.1	.2	.2	.2	.3	.3	.4	.6
Total	3.6	5.1	9.0	11.2	13.1	14.1	16.0	18.3

[1] Less than $50,000,000.

Note: Includes all identifiable programs, including some military education and military health services, assisting ndividuals under age 21. Figures may not add to totals because of rounding.

Source: From special studies prepared by Interdepartmental Committee on Children and Youth and published by the U.S. Department of Health, Education, and Welfare entitled "Federal Programs Assisting Children and Youth," December 1967 and December 1968. Some of the figures, particularly for Defense Department and health, have been adjusted to reconcile them with overall data in Special Analyses published as part of the Budget Documents and to reflect recent estimates of proportions devoted to children and youth.

Mrs. **Edelman**. To pass a comprehensive child development program is good politics and good sense. Go into any community for any length of time and you will hear the need for quality child care spoken of as a pressing local problem particularly among women. There are more than 12 million working mothers in this country and one third of them with children below school age. Few of them have access to comprehensive development child care services. While we are debating welfare reform, and all the rest, this is perhaps the best thing pending—in spite of everything else—before this Congress. It should be enacted and is an important program because we should stop engaging in piecemeal solutions. If we can develop our young children it will be the best guarantee against welfare dependency in the future and a major step in breaking this welfare dependency cycle and create some self-sustaining American citizens. I feel this would be the best program that we could enact at this time. It will help prevent and correct early childhood disease and disabilities which if left undetected and untreated would prove extremely costly in dollar terms as well as health terms later on.

It is the best public service employment program we can have right now. We are faced with people out of work, why don't we put them to work in these health care centers. Now when we talk of youth programs, the number of youths unemployed causing difficulties in our cities, why can't we put them to work with our younger children and instill a sense of family pride. It is a good way for mothers to get experience in working and to carry this back into the family which will have positive effects on the family and create a more stable family life. We think one of the best antihunger programs we could pass would be this program because they would get insured balanced meals in a crucial stage of their process of development. It could provide a program for broad counseling and training for all families. It is one of the best educational programs that we could design for it starts at the beginning by attempting to stimulate the potential of our youngest citizens and will provide us with new models for learning and reform in the public schools.

I think it is the best leadership training program our nation can institute because if young children are provided with early socializing opportuuities and are given a chance to learn with others of different colors and classes—which S. 1512 promotes—we will move toward creating new citizens and leaders with respect for, and tolerance of, differences and a sensitivity to others that we may lack now. My sense of urgency is underlined by the very real and diturbing possibility of forced work requirements for welfare recipients with small children. Unless we are sure of quality comprehensive programs directed to these children as individuals we are going to sentence to custodial care thousands of young children whose families most require help in providing for their developmental needs. We must stop trying to solve one national problem by creating another more serious one. Parents must have a key decisionmaking role in their development and operation and must be intimately involved with their children in the day-to-day activities of the program. We think S. 1512 contains these provisions. The heart of this bill, however, is the delivery mechanism. Those of us who have worked with the poor, the uneducated, the hungry, the disenfranchised have had long and bitter experience in how legislative intent is thwarted in the process of implementation, the way money is spent often is more significant than the fact that it is spent. S. 1512 emphasizes local program administrtaion. We think this essential and those concerned with equal opportunity and civil rights will oppose any control of this child legislation to the States.

The Federal Government has become involved in social programs not just because the States don't have the resources but they don't have expertise and they haven't been willing to accept the responsibility. If we turn child development over to the States as State control proponents urge then in certain areas of the country, particularly in the South, we would be effectively writing off participation of experienced community groups which have developed expertise in this field through their involvement in project Headstart. Consideration for minorities and socioeconomic diversity will be given up. We will be placing in the hands of State bureaucracies—where the poor have the least influence and where there has been great reluctance to comply with the nondiscrimination provisions of the Civil Rights Act of 1964—the control of the program. I would refer you to our experience in the emergency school assistance program which has not had total State control but I think shows performance of the State.

Look at title I of the ESEA which again is well documented. Or look at the Urban Law Institute and the State comprehensive health planning to show that the States just have not been able to use Federal funds in the way that they have been intended to get services to the people.

Senator **Mondale**. Consider the Legal Services program, too. This was designed to be a locally based program but with the Governor's veto available. Now the Governor's veto has been interposed not against the ineffective programs but when there has been an effective legal services program in operation.

Mrs. **Edelman.** That's right and I think we could go to the food stamp program next. And the school lunch area. I think we can go down the line of social programs and see that the States have not performed an effective role in this area particularly as it concerns minorities and the poor. Many of the control proponents have tried to dismiss these civil rights concerns arguing that a State must comply with the requirements of the law in order to receive funds. I am not in the least persuaded by that argument. I have no confidence whatsoever that this administration or any administration would say to the Governor of Mississippi or the Governor of California: "We're sorry, but we will not fund your child development programs because your plan does not place proper emphasis on the poor or because you are not providing adequately for Black or Chicano children or because there is not enough community participation."

In most instances this has not been followed through on. You can say that there is a political difficulty to sanction these people. I think that is the point that you make in the kinds of programs as well, that these Governors have been overruling where the Federal Government has not responded well enough. I think it has to be a national concern here because the children's concern is at the root of all this. If a child lives in Alabama he should have as good a chance for development as the child living in New York City. You must have a development mechanism so that each child will receive these services. I think the nice thing about this bill is that we can have all these different child care plans, and Charlie Evers in Mississippi will have as much opportunity at this as someone in California, and they will have a chance to get this money.

Now there are a few States who have expertise in these areas. We have a chart here that shows the number of States that have gone ahead and decreed statewide programs. Now there are only seven. Most don't have any statewide kindergarten programs and of those seven, two have not instituted them and they will not become effective until 1973.

(The information referred to subsequently follows:)

KINDERGARTEN IN THE STATES

Only 7 states have laws establishing mandatory state-wide kindergarten programs (operated as part of the public school system):

California
Connecticut
Illinois
Maine
Maryland (effective September 1973)
Massachusetts (effective September 1973)
Rhode Island
(and Guam)

7 states have no provision whatsoever for kindergarten

The rest of the states have a variety of laws setting up permissive kindergarten programs (i.e. local schools may decide whether or not they will have programs; parents may decide whether or not they will send their children to kindergarten). In many states, it is a lack of funds which prevents the state-wide extension of kindergarten.

According to officials in the Office of Child Development, Headstart has been a major influence on states to move toward mandatory state-wide kindergarten programs.

(Information obtained from the Office of Child Development, which in turn prepared the information for Dr. Zigler's testimony before the House Education and Labor Committee on Headstart, March 29, 1971)

Mrs. Edelman. Few if any States have the administration to deal with these programs. If States would assume that responsibility placed in the hands of existing welfare and manpower agencies which I think it would be inclined to do, then child development would be unresponsive as a bureaucracy with a possibility for completely thwarting the program.

If on the other hand States were required to set up new child development agencies that would involve a lot of cost and more bureaucracies which would be built into the picture the people would have to go through that added bureaucracy to get the money. I think this is just unacceptable. We think it should be simply done, it should be simplified in getting money directly to the cities and the local groups who need it and who can use it.

For this reason we support the sponsorship mechanism of Senate bill 1512 which gives first authority to localities to administer these programs. It assures that localities of any size which demonstrate the capability to operate programs would take precedence over the State and they would get the money. Now it has been suggested that a minimum population base of 100,000 may be necessary in order to provide comprehensive child development services. Our experience in Mississippi certainly has not shown that to be the case. Some of the best and most comprehensive programs have been those developed by independent, single purpose, Headstart agencies serving a much smaller population.

Senator Mondale. What would that do to your Mississippi Headstart program?

Mrs. Edelman. Well it would cut them out. Anybody who knows the history of Mississippi as I do——

Senator Mondale. Who would run it, John Bell Williams?

Mrs. Edelman. Yes. The State refused to take advantage of it, and we came in and we started a private Headstart program, and then the State came in only after the money and children in these programs were to be controlled by the communities. But since then it has been one constant battle for survival. We are up again here for money, and I think the expertise and help of the children and parents have gained, the knowledge they have gained, will totally be destroyed and we will set up a new mechanism whereby we are going to be simply starting over.

Senator Mondale. Their argument seems to be that there are a limited number of skilled professionals in the smaller communities. Therefore, they say, it should be run through a centralized State operation. Cities like New York, for example, claim that they have plenty of professionals they claim that the smaller communities in Mississippi do not.

I understand that is the basic argument of Mr. Sugarman. Would you respond to that?

Mrs. Edelman. Yes; I am not an expert in child development here but I know something of Mississippi. I didn't know there was an overload of professionals. If so, they have not surfaced.

Secondly whether they are skilled: For a child development program in Mississippi we were able to train mothers and sharecroppers and we were able to teach them how to be warm and responsive and to learn with their children. We found that they made better teachers than college graduates who hadn't gone through the segregated school system and learned the teaching mechanisms of the school system.

It turned out that the uneducated teachers were better than the "skilled" teachers.

Many people say you just don't need the skilled people, you need warm responsive bodies who can help teach kids to be free and happy.

Senator **Mondale**. In effect what you are saying is this: that the skilled, academically trained technician cannot provide what the responsive, affectionate parent provides in the community. This measure sees the need for professionals. We try to put in substantial funds for training. But I think there is a basic assumption here that the key to any comprehensive effective child development program rests in the community and in the neighborhood and in the parents. That is where the basic strength is concerned.

Mrs. **Edelman**. Well, I would endorse that. I would say again that I think one can train people easily and quickly on the job and I know that we had a rather intensive training program for mothers and nonprofessionals in Mississippi and when we sent them out they turned out to be the star pupils. I will tell you one story about what happened in Holmes County in Mississippi. When I met the kids, it was the principle involved of keeping them quiet, and they were taught there to keep them quiet. Now our centers became wild and gay and happy places and they were not like the public schools. One of our experts went around and evaluated what had happened when these children left our schools, and she had a conference with a principal of one of the public schools, a white principal, and he was saying that they had all these incorrigible, noisy kids there until they came in from this school.

Now hopefully this program can be carried forward into the public schools here and we could begin to redefine what it would be that our children should be doing.

I am opposed, of course, to that 100,000 population figure. I think we ought to fight that in every way possible.

Senator **Mondale**. I wonder what would happen if we proposed a bill to have the State control all the schools in every community under 100,000 population?

Mrs. **Edelman**. I think most of the people would oppose it because I think——

Senator **Mondale**. Part of the State control argument, I suppose, rests on the grounds that the community and parents don't know what is good for their children—that the mothers and fathers are not as interested and knowledgeable about what their children need as much as the "experts" might know.

I don't see anything in New York City that overwhelms me with the sense of progress that they are making there, do you?

Mrs. **Edelman**. No, sir. That once again this is my experience in Mississippi. In talking with people who have children in private schools in Washington, for example, poor people are more concerned about what happens to their children than middle-class people are who expect the schools to perform more of a function than the poor parents might expect of the schools.

Secondly, the State proponents are mistaking the program that we are dealing with. We are talking about individualized care, family-oriented care. Not large-scale kinds of things. We're talking about small family units, small numbers of children, and at least I know the kinds of care that the private groups in Mississippi have provided, they are certainly equal and in my opinion they excel those of the State. That can be provided better in this way, better than any State-controlled way.

Now the local policy issue is a crucial one. It is a way that the parents can have a say in the programs provided for their children. If programs are imposed upon parents against their will, if parents cannot influence the operation of those programs, then participation is discouraged. Programs become competitors with parents, not cooperators. Now we think the local policy council is a mechanism for doing that and urge you to preserve that at all costs.

Now I would skip over the bypass to community groups. I think it has to be on community involvement to insure that the rights and the hopes of black communities and other minority communities will be met. We urge that Project Headstart be protected in every way. Many people have a stake in it. They have learned a lot, and we think this should be continued.

I am often reminded of a quote concerning Vietnam by Jean Paul, where he says, "We don't have 12 years of experience; we have had the same experience 12 different times." I would hope we don't repeat this in this program.

Here we have a chance to continue to grow and help the children in their communities. Adequate funding is the final thing then that I would like to discuss. I think this bill is a stingy bill. We have talked about $13 billion over 3 years and we have got a 65–35 split in how much money would go to poor kids and middle-class kids. We think this is a minimal start to deal with the need and it just scratches the surface in terms of the amount of money needed to provide the care for our children. I have cited figures here which I think set out the need and it shows how little this bill is going to be able to respond to it. I don't think we are talking about a lot of money. I think we are talking about the bare minimum.

Mr. Sugarman expresses fear of raising expectations of people by promising money or allocating money that may not be used. That is not as bad as totally making no effort to respond in any level to the needs.

In this respect I disagree with him on that. I hope we don't spend any less than what this bill provides. Since I see an article in the Star, and Mr. Phillips——

Senator MONDALE. All right, let's place that in the record.

(The following information was subsequently supplied for the record:)

[From the Washington (D.C.) Star, May 24, 1971]

CHILD CARE PLAN CONSIDERED FOR HIGHER INCOME FAMILIES

(By James Welsh)

The Nixon administration, caught in a political squeeze, is considering a plan that would provide free child-care services not only for welfare mothers but for a higher-income group of the working class.

Secretary of Health, Education and Welfare Elliot L. Richardson, who was to have testified Friday before a House subcommittee on the controversial issue of day care, abruptly cancelled his appearance the evening before. He is now scheduled to testify this week.

"We haven't quite got it together yet," said one of his top aides in explaining the postponement.

At issue, in part, is whether the White House is willing to extend its day-care commitment to millions of families in the lower-middle income range, families in which many wives work.

LIMIT ON COMMITMENT

So far it has not done so, preferring to limit the commitment to its efforts, contained in the Family Assistance Plan, to get welfare recipients to work.

But it is faced with Democratic alternatives in both the House and Senate that would go far beyond that, offering free day care to a family of four with an income of $6,900 and partial subsidies to families above that income mark.

In the meantime, the White House has embraced a principle in day care financing that will surprise many liberals.

It has decided, where possible, that mothers should be able to use a "voucher payment method" in spending federal day care assistance to purchase day care services.

This would extend a maximum of consumer control, giving mothers hundreds or thousands of dollars each of purchasing power in the day care field. With vouchers, they could shop in the open market for the day care program they believe would best suit their children.

The day care issue has political significance that is readily recognized by administration officials.

$1,600 PER CHILD

Government programs in recent years generally have failed to reach the working class in the $4,000-to-$10,000 income range. Most observers believe a massive day-care program would be highly attractive to this group.

But such a program would be enormously expensive. HEW now is using the figure of $1,600 as the cost of all-day, year-round care of one child, and the cost of a large, national program would run into the billions of dollars.

Administration insiders say Richardson may well get the go-ahead to offer a new, expanded proposal. Said one:

"It's up in the air at this point. Do we go futher, and how much further? And that's not the only question. Another is one of nuts-and-bolts administration. What's the best way to run a program that could involve thousands of day-care centers and agencies running programs for millions of pre-school and school-age children?

"The Democrats have come up with what looks like a sexy system. But we're not sure. A program like this, if it's not established right, could turn into an administrative nightmare."

The administration's position on vouchers for day care was stated in a largely ignored part of President Nixon's response last week to a series of demands by the Black Caucus in the House. It said:

"The administration presently favors the voucher system because it will give the consumer control of the funds and thus of the programs."

At another point, the documents said:

"Too many federal programs targeted on the disadvantaged have resulted in excessive administrative costs and reduced benefits for the intended recipients. By using vouchers, the full amount of the individual's grant will be available for the purchase of services."

An HEW official today confirmed the administration's decision to go with the voucher system.

This is not, however, at the heart of the dilemma facing the White House in taking a position on legislation House and Senate Democrats have introduced.

DEMANDS FOR REFORM

Both Republicans and Democrats have hurried into the issue because of the demands of welfare reform that the White House and Congress are pressing. Everyone concerned agrees that one of the great barriers to putting welfare mothers to work is the difficulty of their finding day-care services they can afford.

The Family Assistance Plan, now going to the House floor after its approval by the Ways and Means Committee, provides $386 million in federal funds to help establish a day-care system.

Measures introduced by both Sen. Walter Mondale, D-Minn., and Rep. John Brademas, D-Ind., would offer free day care for children where the income for a family of four is less than $6,900, far above the cutoff point for subsidies under the Family Assistance Plan.

The Mondale bill would provide $13 billion over four years for day care, while the Brademas bill contains no fixed spending authorization. The Mondale bill also contains strong provisions for parent control of what kinds of day care programs are established, along with greater opportunities for cities to compete with states as prime sponsors of day-care facilities.

Of the two bills, the White House favors the Brademas legislation. But it would rather have its own proposal, and that is what is at stake in the debate taking place within the administration.

Mrs. EDELMAN. I have just read the administration response to the black caucus which endorsed the voucher approach, and it seems to me to do that is to put the cart before the horse. What good are vouchers going to do if the facilities are not there? There are not enough facilities, so the parents given vouchers don't have anything to buy with them. It seems to me first you have to talk of funding. You have to have developmental programs and get the system going where people might have a choice.

Secondly, I subscribe strongly to what Mr. Young has said here today. Again poor parents don't have influence in this area, and I think the voucher system is just going to reenforce that situation.

Thirdly, I think we would like to submit for the record later—I have not read the article until I came here—information to show how the voucher system has not worked. We have examples of that.

Senator MONDALE. Would you submit that for the Subcommittee files?

Mrs. EDELMAN. Yes.

Mrs. EDELMAN. I think that when the vouchers were available to the parents they could not make use of them because they could not find the slots for their children to go to the various schools.

Now on the basis of that small experience, and to talk of expanding it, that is not making much sense to me.

Fourth, there are other voucher experiments being funded at the public school level. There was a long piece in the National Review a couple of weeks back which I would like to submit for the committee files.

Mrs. EDELMAN. It seems to me that these experiments are in process and we don't know whether or not it will work. We should wait and see. Again under this bill we do allow funding of the experimental model programs and it seems that we should put some money aside for that but as the answer to day care, it's a silly proposal, not a very good approach. I think it is a delaying tactic because we are in a debate on whether the voucher system is better and so on. The day care simply is not there to buy into. They are not the same issue. Vouchers is a debate that we should have in 3 years or 5 years from now after the Congress makes a massive commitment to creating these centers. I would hope we would not get bogged down and have delays in passing this piece of legislation, because I think the issues are not comparable and I would urge that we do not have more time for delay. That we deal with this issue and talk of vouchers as an experimental issue but not as a solution now.

I cannot urge strongly enough that this Congress will act quickly to pass this bill and to begin to serve the needs of our children.

Thank you.

Senator MONDALE. Thank you very much for an excellent statement.

Senator Schweiker?

Senator SCHWEIKER. I too want to thank you. I feel Mrs. Edelman has provided a lot of leadership in this area and we are impressed by it. We will certainly give a lot of thought to her testimony.

I am sure you are familiar with Jule Sugarman's testimony before this committee.

Mrs. **Edelman**. Yes, sir.

Senator **Schweiker**. When he testified here a few weeks ago, in essence he said that the level of financing, while it is difficult to be against such magnificent sums, and I will quote him now:

> I must say that I believe it is unwise to set forth unrealizable authorizations. My own studies are that a growth rate of $250 million to $350 million a year is a maximum which can be developed in the early years of the Act.

I just wonder what your general response would be, not necessarily to his statement per se, but to the argument that I am sure will be made against our bill?

Mrs. **Edelman**. Senator Schweiker, I have a great deal of respect for Mr. Sugarman and I have known him for a long time, but I disagree with him strongly on this. One is that Dr. Zigler, the current head of this, and I cite this in my testimony, does not seem to think the sums of money listed is a huge amount of money and he says that it would take $1.5 billion simply to maintain the current level of spending to deal with the children now. It would take $1.5 billion to take care of those children presently eligible for Headstart.

Secondly, I think one of Mr. Sugarman's objections to the amount of money was there wasn't the personnel available to administer it. But there have been huge strides made in the Headstart program. I think we have the people in the teaching professions plus the people who are looking for work for whom this could be an excellent opportunity. I think Mr. Sugarman's office indicates that he would reverse his position if adequate people were available to administer this thing. We have to pry the people loose, and we have to have the money and the jobs to get the people to run this program. I think what we have to keep our eye on is what the need is. I would like to submit for the record what we have done in project Headstart.

(The following information was subsequently supplied for the record:)

HEADSTART

	Budget	No. Children Served		
FY 72	$376.5 million	470,000 (approx)	275,000	full-year
FY 71	359.9	472,000	262,900	" "
Fy 70	326.0	488,500	257,700	
FY 69	333.9	664,000	217,000	
FY 68	316.2	694,000	218,000	
FY 67	349.2	681,000	215,000	
FY 66	198.9	733,000	160,000	
FY 65	96.4	561,000	-0-	

Note:

1.) There has been no significant increase in the Headstart budget since FY 67. The program has been operating at a maintenance level ever since.

2.) According to Dr. Zigler, no new applications for Headstart have been accepted for several years (testimony before House Ed and Labor Committee, March 29, 1971)

3.) The reduction in numbers of children served is, in part, a reflection of the shift from summer to full-year programs.

Mrs. EDELMAN. We have gone down since 1965 to 1972. That is an inadequate response. It seems that we have to have leadership and we have to have appropriations.

Finally we have consulted with other child development experts all of whom heartily endorse our position, and I would submit their names. They support this amount of money. They say that they are pleased to support us in securing a realistic amount of money for this project even though they say it is a generous amount, but they still say the amount of money is inadequate. So Mr. Sugarman is not the final authority. There are others who might disagree with him, there are experts in this field who may not agree with him.

Senator SCHWEIKER. That's all I have.

Senator MONDALE. I have observed over the years that very few people survive long experience in the bureaucracy without being fatally wounded.

They often get wrapped up in organizational charts and they lose some of their value and perspective. Dr. Sugarman is one of the best in the field but his testimony reflected a bureaucrats' concern about how you build an office and where you get the certified, agreed upon people to staff it, and what is the most efficient—rather than the most effective—way to deal with all those communities out there somewhere.

These are all legitimate concerns. But if the Defense Department, which is in this year's budget asking for $5 billion more than last year, took the same approach they would still be flying Ford trimotors.

Senator SCHWEIKER. We are.

Senator MONDALE. The only difference is we call them F–111's.

I just think 10 years from now we will be looking at exactly the same problem as we are today if we took that approach.

I think the other thing is that the American people must realize that there is no answer to the unfairness of American life that does not include a massive preschool comprehensive child development program. Anything less than that is an official admission by this country that we don't care. I would like to ask some questions but we have a long witness list ahead of us.

Thank you very much for coming in to testify.

(The prepared statement of Mrs. Edelman follows:)

STATEMENT OF MARIAN WRIGHT EDELMAN BEFORE THE JOINT HEARING OF THE SENATE SUBCOMMITTEES ON EMPLOYMENT, MANPOWER, AND POVERTY AND ON CHILDREN AND YOUTH

May 25, 1971

Mr. Chairman and members of these Subcommittees: I am Marian Wright Edelman of the Washington Research Project Action Council, a public interest group which places particular emphasis on the issues of education, poverty and race, especially as they relate to children. I greatly appreciate your invitation to appear today and to voice my unreserved enthusiasm and support for S. 1512, the Comprehensive Child Development Act of 1971.

I want to commend you, Senator Mondale and Senators Javits, Nelson and Schweiker, for your bipartisan leadership on this bill, as well as the other cosponsors of S. 1512. It is clear to me that the time is right to pass major child development legislation in this country. I think this is reflected in the number of cosponsors of S. 1512 and of a similar bill, H.R. 6748, introduced in the House by Congressmen John Brademas and Ogden Reid with bipartisan cosponsorship of more than 100 others. This is also reflected in the quality and number of bills introduced in this area by others, including Senators Bayh, Javits, Harris and Tunney, all of whom have joined in supporting S. 1512, and by Representatives Abzug and Chisholm.

All of these steps show a recognition of the crucial unmet needs of children, a willingness to sacrifice possible partisan and personal political gain in order to fulfill an urgent national need and, I hope, a commitment to getting a comprehensive child development bill through Congress this session.

I am encouraged by and deeply appreciative of the efforts of a broad based coalition of child development and education groups, civil rights and community organizations, labor unions, mayors, church groups, women's organizations, blacks, Indians, Chicanos and citizens groups, middle class and poor, who have put aside narrow organizational concerns in the interest of children, families, and the nation's future. (See complete list in appendix.) They and I are determined to do whatever is required to help this Congress pass comprehensive child care legislation this session.

Comprehensive child development makes sense in every way: (1) morally, (2) nationally, (3) politically, and (4) practically.

1. For a nation which claims high moral and Christian principles, it is indecent and and morally indefensible how we act, killing, maiming and hurting our young as we do every day that we permit a child to go hungry and cold, loveless and uneducated, sick and abandoned by fathers we've forced from the home (and now by mothers whose labor we claim we need more than whose care the child deserves). And all of this continues because we fail to act when we can. According to budget

figures presented by the White House Conference on Children, we are devoting less than ten percent of our national budget -- and less than two percent of our gross national product -- to federal expenditures for all of our children and youth under the age of 21, even though those young people make up nearly forty percent of our population. Mrs. Richard Lansburgh cited for this Committee a statement by then Secretary Finch that we are spending $9 for every aging adult for every $1 we spend on children. Professor Urie Bronfenbrenner says that the worth of a nation may be measured by "the concern of one generation for the next." Using that yardstick, we are worth shamefully little.

2. The evidence is clear that the early childhood years are the single most important period of an individual's total intellectual, emotional, social and physical development. It's crazy for us as a nation to continue to ignore our children and thereby jeopardize our and their futures by failing to prepare them adequately for the increasing demands of survival and nationhood.

3. To pass a comprehensive child development program is good politics and good sense. Go into any community for any length of time and you will hear the need for quality child care spoken of as a pressing local problem, particularly among women. There are more than 12 million working mothers in this country today, one-third of them with children below school age. Few of them have access to comprehensive developmental child care services.

... Comprehensive child development legislation is the best long-range welfare reform program the Congress can enact. For if it is done well, it will go a long way toward breaking the cycle of welfare dependency and creating a new generation of self-sustaining American citizens.

... Comprehensive child development legislation is the best national health insurance program the Congress can enact, for it will help prevent (and correct) early childhood disease and disabilities which, if left undetected and untreated, would prove extremely costly in dollar terms as well as health terms later on.

... It is the best public service employment program we can invest in, for it will meet a crying national need to create truly dignified public service jobs for parents and for unemployed youth. Moreover, the training of mothers and older siblings for jobs that would be created to care for and stimulate young children will carry over into the home, and help create stronger and more stable families by fostering family pride and involvement with their children.

... It is one of the best anti-hunger programs we can pass, for it will insure balanced meals in the crucial developmental years and provide a major new mechanism for family nutritional counselling.

... It is the best educational program we can design, for it starts at the beginning by attempting to stimulate and harness the potential of our youngest citizens, and will, if done right, provide us with new models for learning and reform in our public schools.

... It is the best leadership training program our nation can institute, for if young children are provided with early socializing opportunities and are given a chance to learn with others of different colors and classes which S. 1512 promotes, we will move towards creating new citizens and leaders with respect for and tolerance of differences and a sensitivity to others that we lack now.

It is for these reasons that I support and urge early passage of S. 1512. I believe that its enactment and full funding will move us toward the essential objective of providing the support and supplementation to enable every child and family to develop together to its full potential. My sense of urgency is underlined by the very real and disturbing possibility of forced work requirements for welfare recipients with small children. Unless we assure quality comprehensive programs directed to these children as individuals, we are going to sentence to custodial care thousands of young children whose families most require help in providing for their developmental needs. The lasting damage we would do to those children would far outweigh any alleged benefits which might possibly be gained by putting their mothers to work. We must stop trying to solve one national problem by creating another more serious one.

Child care services must be comprehensive, developmental, and child-oriented. Parents must have a key decisionmaking role in their development and operation, and must be intimately involved with their children in the day-to-day activities of the program. S. 1512 contains strong provisions on these points, but the heart of this legislation is in the delivery mechanism -- and it is to this that I would like to direct most of my remarks. Those of us who have worked with the poor, the uneducated, the hungry, the disenfranchised have had long and bitter experience in how legislative intent is thwarted in the process of implementation; the way money is spent often is more significant than the fact that it is spent.

LOCAL ADMINISTRATION

The emphasis of S. 1512 on local program administration is essential. We who are concerned about civil rights and equal opportunity must and will oppose any effort to place principal authority for child development in the hands of the states. The federal government has become involved in social programs, not just because states have not had the resources but, more importantly, because states frequently have not been willing to assume these tasks.

If we turn over child development to the states, as state control proponents urge, then in certain areas of the country, particularly in the South, we would be effectively writing off participation of experienced community groups which have developed expertise in this field through their involvement in Head Start. We would be taking legislation with good language about priorities for the economically disadvantaged, full consideration of all minorities, and socio-economic diversity and would be placing it in the hands of state bureaucracies where the poor have the least influence, and where there has been great reluctance to comply with the non-discrimination provisions of Title VI of the Civil Rights Act of 1964.

Advocates of state control have tried to dismiss these civil rights concerns, arguing that a state must comply with the requirements of the law in order to receive funds. I am not in the least persuaded by that argument. I have no confidence whatsoever that this Administration, or any Administration, would say to the Governor of Mississippi or the Governor of California, "We're sorry but we will not fund your child development programs because your plan does not place proper emphasis on the poor, or because you are not providing adequately for black or Chicano children, or because there is not enough community participation."

The nation's children are the nation's concern and must be so treated. A child, because he lives in rural Alabama, should not have less opportunity for good child development services than the child in New York City. The most flexible delivery mechanism must be designed to assure that every child who wants or needs services will receive them.

Few states possess expertise in the field of child development. According to the Office of Child Development, only seven have even reached the point of mandatory statewide kindergarten programs. Few, if any, have the administrative capability to deal with the kinds of comprehensive programs envisioned in this bill. If states were to assume that responsibility, and place it in the hands of existing education, welfare, or manpower agencies -- as I fear they would be inclined to do if so allowed -- then child development would be caught up in encrusted, competitive and unresponsive bureaucracies, and the possibilities for fresh and truly creative comprehensive programs would be greatly impaired. If, on the other hand, states were required to set up new child development agencies, additional costs and more administrative bureaucracies would be brought into the picture and further delay the time when we actually get programs operating in the field and serving children. The emphasis must be toward simplifying federal grant-making procedures, getting money directly to the cities and to local community groups who need and can use it.

For these reasons, we support the prime sponsorship mechanism of S. 1512, which gives first authority to localities to administer programs, and assures that any locality of any size which demonstrates the capability to operate programs would take precedence over the state. Localities could combine to serve as a single prime sponsor, in areas where this may be more practical, and additional authority is provided for cooperative efforts among separate adjacent prime sponsors in metropolitan areas.

It has been suggested that a minimum population base of 100,000 may be necessary in order to provide comprehensive child development services. Our experience in Mississippi has certainly not shown that to be the case. Some of the best, most comprehensive programs have been those developed by independent single-purpose Head Start agencies serving a much smaller population. It is important to remember, I think, when we talk about these population figures, that we are talking about family-centered programs for small children, designed to assist their development within their own environment, their own homes. We are not talking about manpower programs, where you have to consider an entire labor market area. We are not talking about flood control, where you have to take into consideration an entire river basin. We are talking about personalized comprehensive programs that are directed to each child's individual and unique developmental needs.

LOCAL POLICY COUNCILS

Closely related to the entire issue of local prime sponsorship of child development programs is the role of the Local Policy Council -- the elected representatives of parents of eligible children. We must assure that in the process of providing child care services, we do not separate the child from his family, nor usurp the parents' responsibilities for his development.

This demands that parents, through their Local Policy Councils, make the key decisions as to the kinds of programs which will serve their community and their children, and the manner in which those programs will be operated. If programs are imposed upon parents against their will, if parents cannot influence the operation of those programs, then participation is discouraged. Programs become competitors with parents, not cooperators.

BY-PASS TO COMMUNITY GROUPS

We agree that comprehensive child development programs should operate as a partnership of local officials, parents, and the community. However, it is essential that any delivery mechanism contain a strong by-pass provision, to allow the community direct access to federal funds if local public officials are unresponsive. S. 1512 provides such a by-pass for direct funding of private nonprofit agencies if local officials do not assume responsibility for child development, where they assume such responsibility but fail to comply with the requirements of the law, or where they refuse to meet the needs of economically disadvantaged children. In addition, direct funding is provided in cases where established localities cannot assume responsibility -- such as year-round programs for children of migrant workers who travel among local jurisdictions. We strongly endorse these by-pass provisions. If such direct funding of community groups had not been possible under Head Start, many black children in the South never would have had the benefits of the program. S. 1512 must assure that same access to comprehensive child development programs.

PROTECTION OF HEAD START

Similarly, we must take adequate precautions to assure that, in the process of developing a more comprehensive approach, we do not sacrifice good on-going Head Start programs. S. 1512 builds from the successful experience of Head Start, recognizing that such programs should be expanded and extended to more children in more communities. It also recognizes that other kinds of programs -- small family child care facilities, in-the-home programs, parent-child centers -- may be better suited to some community and family needs. But under no circumstances should this legislation provide the justification which some officials have long sought to get rid of successful community-based Head Starts.

S. 1512 protects Head Start by reserving funds for economically disadvantaged children equal to fiscal 1972 expenditures for Head Start. It also requires continued assistance to on-going Head Start programs unless there is a local determination, based upon the recommendation of the elected representatives of parents, after open hearings, that such programs are no longer providing effective services. We endorse those provisions, and suggest that the Committee consider additional language, first, to assure that no state or prime sponsorship area receives a lower allocation of funds under the formula of S. 1512 than it received under Head Start, and second, to permit an appeal to the Secretary of an adverse decision affecting an on-going Head Start program.

ADEQUATE FUNDING

Mr. Chairman, I would like to comment finally on the amount of money necessary to accomplish the objectives of S. 1512 -- a national comprehensive child development program. We recognize that we will not immediately provide to all children who could use them the services authorized under this act. Certain priorities must be established, and we feel that S. 1512 sets the proper ones -- first, the economically disadvantaged, and then children of working mothers and single parents. We endorse a 65/35 split in program funds between children who are economically disadvantaged and those who are not, and are particularly enthusiastic about the expanded definition of economically disadvantaged to include the working poor -- all families with income below the Bureau of Labor Statistics lower living standard budget. Such a formula not only reaches a broader segment of children with the greatest need, but will operate to encourage the desirable socioeconomic diversity which most existing child care programs -- whether they are Head Start, welfare, or costly private centers -- cannot hope to achieve.

But if this formula is to have any practical meaning, if we are really going to replace custodial care with comprehensive programs, if we are going to expand the Head Start experience in a significant way, then we must be prepared to make the kind of financial commitment necessary to go beyond tokenism and promises.

Comprehensive child development programs are expensive. According to figures prepared by the Office of Child Development several years ago, the desirable annual cost of programs for a child through the age of five was more than $2,300 -- and that does not take into account inflation since the time of those estimates. Even using the conservative minimum annual cost projected by the White House Conference on Children -- $2,000 a year -- the costs are staggering.

An initial annual appropriation of $2 billion for actual program operation would serve 1 million children. That is a significant beginning, but it must be viewed in the context of the universe we seek to serve:

- There are 3 to 4 million children under the age of 5 in families below the poverty level -- and probably twice that many children if you expand the definition of economically disadvantaged to include everyone through the BLS lower living standard budget.
- There are at least 5 million children under the age of 5 whose mothers work, and three times that many if you include those who are in school.
- There are more than 17 million children in all under the age of 5, and almost 58 million below the age of 15 -- the ultimate target population.

Dr. Edward Zigler, the Director of the Office of Child Development, stated in recent testimony before the House Education and Labor Committee, that it would require more than $1.5 billion just to take care of those children presently eligible for Head Start. And that includes only children between the ages of 3 and 5 -- not from birth through 14. It includes only children below the poverty level -- not the BLS figure. It includes only ten percent participation of non-poor -- not 35 percent. And it is based on estimates of program costs around $1,200 -- not $2,000.

No one expects that we will meet the full costs of universally available child development programs today. But that should not deter us from making a real start. The authorization levels in S. 1512 -- $2 billion, $4 billion, and $7 billion over three years -- are a realistic beginning, and we support them as such.

We reject the arguments of those who oppose such spending levels, on the grounds that there are not adequate personnel to operate $2 billion worth of child development programs. Unquestionably, the personnel situation is a serious one. But it is not an insurmountable problem. There is right now a vast reservoir of teachers who cannot find jobs in the public schools, who could be readily trained to work in child development programs. But an even greater reservoir exists within the community, and among parents themselves. Infants and preschoolers do not need people with PhD's and Master's degrees; children in school do not necessarily need more educators before and after school, although certainly there must be proper professional supervision and training to assure quality developmental programs.

Some of the best programs in Mississippi are directed today by parents, without prior training in child development, who gained that training and experience in the Head Start centers where their children were enrolled, and who developed the capability to efficiently and effectively assume top positions.

S. 1512 makes provisions for preservice and inservice training, and career ladder opportunities, for professionals and para-professionals in child development programs. In addition, I understand that amendments will be offered to the Higher Education Act to earmark funds for training additional professionals in child development in institutions of higher education.

If the legislation is enacted and adequately funded this year, then those training provisions would take effect immediately, and permit the development of a corps of child development personnel -- professional and para-professional -- before program funds are appropriated in fiscal year 1973.

Head Start has demonstrated that this can be done. According to Dr. Zigler, more than 8,000 competent child development persons have been trained in Head Start programs. Our emphasis now must be placed on using that experience, and providing the personnel to run comprehensive programs at the realistic levels established by S. 1512, instead of saying in the face of evidence to the contrary, that it cannot be done.

This is no time to "go slow" or "hold the line." It is a time for imagination, innovation -- a time to finally and irrevocably commit ourselves to our children, and therefore to our future. President Nixon in 1969 called for "a national commitment to providing all American children an opportunity for healthful and stimulating development during the first five years of life" and pledged himself to that commitment. I hope that he fulfills that pledge and joins us in urging the Congress to immediate passage of S. 1512.

We appreciate your interest in our testimony, and would be pleased to try to answer any questions you may have.

# # # # #

AD HOC COALITION ON CHILD DEVELOPMENT

Amalgamated Clothing Workers

AFL-CIO

Americans for Democratic Action

Americans for Indian Opportunity Action Council

Black Child Development Institute

Committee for Community Affairs

Common Cause

Day Care and Child Development Council of America, Inc.

Friends Committee on National Legislation

International Ladies Garment Workers Union

Interstate Research Associates

League of Women Voters

Leadership Conference on Civil Rights

National Council of Churches

National Council of Negro Women

National Education Association

National League of Cities - U.S. Conference of Mayors

National Organization of Women

National Welfare Rights Organization

United Auto Workers

U.S. Catholic Conference, Family Life Division

Washington Research Project Action Council

Zero Population Growth

Senator MONDALE. Our next witness is Dr. Charles Lowe, Scientific Director, National Institute of Child Health and Human Development.

STATEMENT OF CHARLES LOWE, M.D., SCIENTIFIC DIRECTOR, NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, BETHESDA, MD.; ACCOMPANIED BY MISS JUDY MILLER, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Senator MONDALE. Dr. Lowe, and Miss Miller, we are pleased to have you with us here this morning.

As a new bureaucrat, Judy, we expect some excitement out of your testimony.

You may proceed, Dr. Lowe, and we are glad to have you.

Dr. LOWE. Mr. Chairman, may I ask for guidance? I realize you are running late. Would you like me to truncate my comments?

Senator MONDALE. We will take the full statement as though read and place it in the record at the end of your testimony. If possible why don't you emphasize the key points as you see them.

Dr. LOWE. All right, sir.

Senator MONDALE. You have heard some of the testimony this morning and you may be able to emphasize points that you think need emphasizing.

Dr. LOWE. Let me emphasize, first, if I may, that my appearance here is in the interest of children, a result of my strong conviction that many of the needs of children in this country are ignored.

Social needs have not been met by concomitant change in our national institutions and that only through an examination of these special requirements can we begin to evoke national response and reform our institutions for the benefits of children and thus for our Nation.

The lengthy statement which the Senator has, deals basically with four principal concerns:

1. Although the members of this committee need not be reminded of the statistics associated with poverty, I believe some of them are essential to the context of my remarks. They have been included.

2. I wish to emphasize the pivotal role in child development played by fetal and infant nutrition.

3. I believe strongly that there is little that the health professions can do alone to drastically reduce childhood deaths but there is much that can be done to influence child development and therefore performance and achievement.

4. And finally, whatever legislation is developed and whatever governmental support is provided, and I am not here to advocate any specific legislation, it is a paramount importance that this legislation reflect changing family patterns and the need to provide stabilizing influences for our children in this time of social transition. This is essential to their internal development for this cannot occur without stability.

Senator MONDALE. What page did you make that point on?

Dr. LOWE. That point is made in extenso, starting on page 11.

We deal at some length with the need for a stable environment for the child.

Senator MONDALE. All right.

Dr. LOWE. That environment traditionally has been provided by the family. But the evidence is accumulating at a very rapid rate that the structure of the traditional family is under great stress. And it would be my conviction that we must take steps, responsible steps to shore up this family structure.

I do believe that we will see changes in what we consider to be the traditional family structure. And the danger is that children be ground up in the process of change, and therefore as I developed from page 11 on, there is a growing need for social institutions to assist during this period of transition.

If we go to page 13, there is some detail given on the causes of the stress on family pattern. Probably the most important right now is the mobility of American society. The massive flow of population to the city may be decelerating but the magnitude of the movement has been disruptive of social organization.

The consequences of this mobility have included a severing of family ties, a disruption of the extended family, and a loss of the support and traditional wisdom heretofore available to young families with small children.

The structure of the job market, extended educational requirements, and the tendency for both mother and father to work, have caused further deterioration in the viability and strength of the family unit. This is reflected in part by the extraordinary increase in juvenile delinquency.

Another index of the instability and weakness of the family unit derives from data on illegitimate births. These have increased in some subcultures of the American urban environment until almost 30 percent of all births are out of wedlock.

Senator MONDALE. We recently had hearings in the Bay area of California, and the Chinese-American expert who worked with juvenile delinquents in Chinatown testified that there is a dramatic increase in family deterioration and juvenile delinquency among Chinese-Americans and that this is also a dramatic change from all past experience because the Chinese family has been a very strong unit. But even this is starting to give way with the overcrowding, the frustration and despair of ghetto living in the Bay area. And in a sense, he cites a very dramatic example that there is apparently no culture that can fight the present forces impinging on the family.

Dr. LOWE. I think you have chosen one of the most dramatic examples of deterioration of family structure and it is interesting the same thing is happening in New York City in Chinatown. Most students of the issue conclude that among other things it is crowding, and a weakening of the indigenous culture.

I think it is important that you brought it up because this is an example of family stress which is not the result of migration, though in other American subcultures, I believe migration is the principal cause of stress.

Senator MONDALE. In the Chinatown community in San Francisco they point out that the 1965 immigration change has resulted in a substantial influx of new Oriental immigrants who have become just fantastically overcrowded in a few concentrated areas. I suppose they have mobility because they moved from Asia into the United States, but there is overcrowding and of course the whole ghetto syndrome is there. You have all those factors.

Finally, it is breaking the back of what was thought to be an impregnable family structure.

I noted in your statement that you had a figure relating to the growth of retardation over time among the poor and a diminution of retardation among middle-class. In other words, apparently the figures show that as children grow older in poor America, retardation worsens, whereas in affluent America retardation tends to disappear.

Dr. LOWE. Right.

Senator MONDALE. In effect, that seems to argue that the comprehensive care provided middle-class children does work and that it proves that much retardation has an environmental base.

Dr. LOWE. Yes.

Senator MONDALE. And the worst is true among the poor. I had not seen those figures before. They are very revealing. Dr. Lourie testified the other day, and said that the percentage of retardation in American society is vastly greater than in many western European societies—3 and 4 percent as compared to less than 1 percent. He attributes this in part to our failure to have any adequate comprehensive program for the children. Would you agree with that?

Dr. LOWE. My own bias, and it has to be a bias because the information is not available, is that probably our level of mental retardation, which is substantially higher than most advanced nations, reflects two or three different qualities of American life. First, our very high incidence of low birth weight infants, two, three, four, five times what it is, for example, in Sweden. Among lower socioeconomic families the prematurity may be 15 percent. In Sweden it is 2 percent. Among middle-class whites in America it is 5, 6 percent.

Now, the correlation between low birth weight and mental retardation is extremely high. The lower the birth weight the more probable the case that child will be mentally retarded. I would put that No. 1.

No. 2 would be a variety of social conditions and situations which are really quite strikingly identified in the statistics I have quoted.

The average black or lower economic black child up to the first year of life may be advanced in comparison with white peers, but whatever advancement they show rapidly disappears as they enter into a socially organized system, schools and so on, and at this point the apparent mental retardation rate rises.

I must caution you, the decrease in prevelence of mental retardation among upper middle-class white reflects in part institutionalization of severly affected children. A door-to-door survey will not identify them.

I think the third cause, if you can call it a cause, is the relative lack of rehabilitative services, services indentified to the child that appears to be mentally retarded, and building on these strengths he may have, as the upper middle-class family does. The offspring of that family, can eventually enter into some socially acceptable activity.

Senator MONDALE. Of course, there is no doubt that early treatment is more beneficial than later treatment?

Dr. LOWE. The earlier, of course, the better.

Senator MONDALE. No question.

Would you comment just a moment about what you would regard to be the danger of separating the children from their parents in the poorer kinds of custodial day care centers?

Dr. LOWE. Again, here our evidence is not as good as we would like, but the best evidence on the effects of simple custodial care early in life comes from the experience in Israel where the kibbutz children were in fact isolated from their parents for the first 6 to 9 months of life. They showed a distinct and easily identifiable personality defect. It is as if there were a hole in their development. Now I am told that attempts are being made to change this purely custodial approach.

There is evidence even in this country that, for example, the orphanage environment offered young infants produces children with the same defects in their personality.

Senator MONDALE. Dr. Bronfenbrenner testified that the Russians in their attempts to separate the children from the parents are slowly deciding that they do not like what they are producing, and as one of them told him, "we cannot pay a woman to do what a mother will do for free." They are rethinking their whole day care program as a result of that. I think one calls it the "strategy of parentechtomy." It is not working. There is something there that you cannot define scientifically.

Dr. LOWE. There are two qualities which have been identified to emerge when children receive purely custodial care. First of all, the children are strongly conformist. And they tend to do what they are told and do no more and no less. They have no creativity. Secondly, they lack the ability to develop strong, warm attachments to other human beings. In this sense they isolate themselves from society. Both outcomes can be avoided by proper supportative, warm, challenging day care programs.

Senator MONDALE. Thank you very much for your statement. I would like to ask many other questions.

Dr. LOWE. Thank you very much.

(The prepared statement of Dr. Lowe follows:)

STATEMENT BY

CHARLES UPTON LOWE, M.D.

BEFORE THE

JOINT HEARING
SUBCOMMITTEE ON CHILDREN AND YOUTH
AND
SUBCOMMITTEE ON EMPLOYMENT, MANPOWER AND POVERTY

MAY 25, 1971

It is at the request of Subcommittee that I appear today. The interest, enthusiasm and willingness with which I participate result from my strong conviction that many of the needs of children in this country are ignored; that social needs have not been met by a concomitant change in our national institutions; and that only through a thorough examination of these special requirements can we begin to evoke a national response and reform our institutions for the benefit of our children and thus for our nation. My communication with this Committee flows directly from my professional training and experience as a pediatrician and professor of pediatrics and represents an expression of deep personal sense that we have yet to realize an unfulfilled commitment. My present role as a federal official, Scientific Director of the National Institute of Child Health and Human Development, is incidental to this testimony and independent of my appearance here. I would also like to establish that this testimony is in the interest of children rather than on behalf of specific legislation.

If my appearance today assists you in your deliberations and leads to a greater fulfillment of our responsibility to our children, it will have served a useful purpose.

Social concern must be directed toward all our children, but we must not forget the special needs of poor children. We know a good deal about the children and about the poor in our country.

There are almost 71 million Americans under 18 years of age - 18 million are under five. 10.5 million live in poverty.[1]

Some are more than chronological minorities; 10 million children are black; 250,000 are Indians; 3.5 million come from Spanish-speaking or Spanish-surnames homes.[2]

In 1968, almost 45million children were enrolled in grammar or secondary schools, but 9.2 million of these lived in homes in which the budget was too small to permit the purchase of adequate food.[3]

Today over 5.5 million of them live in families receiving public assistance but another 5 million come from homes that need, but do not receive financial assistance.[4]

"Over 800,000 child farm laborers, at least 300,000 of them migrants, working under conditions that break their bodies and spirit are virtually excluded from regular schooling. Non-inforcement of attendance laws combined with hostility on the part of local communities often condemn them to educational retardation."[5]

In 1967 250,000 girls under 15 became pregnant; 700,000 children were arrested or considered delinquent. 10,000 died in an accident involving an automobile while only 3,000 died of reportable diseases.

Of the almost 3.5 million births last year, 77,000 died within the year - 275,000 were less than 5 lbs. at birth and considered premature; almost 30,000 had significant congenital defects and about 175,000 were destined to be mentally retarded.

It has been reported almost 20% of all births were unwanted. We know that 20-25% of all conceptions ended in abortion, miscarriage or intra-uterine death. Almost one marriage in four ends in the divorce court. While in the nation as a whole, 8% of all births were out of wedlock, in selected urban subcultures, the rate may be as high as 30%.

The sociologist rejects the term "the culture of poverty." Yet, enmeshed in the shallows and currents of poverty are characteristics of a culture, for those who live in poverty share values, language, and misery. First and foremost, the impecunious live in geographically discrete urban and rural slums; they suffer bad housing, poor schools, diminished employment opportunity, and reduced or nonexistent access to health care or to the goods and services enjoyed by middle-class America. Most important, there is unambiguous evidence that hunger and malnutrition are found among those live in "the culture of poverty."

What else do we know about poor families? The proportion of children in poverty-stricken families is far higher than in those of the other America, and 75% of all families with four or more children live in poverty. In fact, poverty seems to have a predilection for families with many children. Infant mortality may be three times as high as it is in upper-middle-class families. The prematurity rate is almost twice as high and the two are interrelated, for the major causes of neonatal death are prematurity and low-birth-weight. Also, maternal mortality and morbidity are higher. Women begin child-bearing earlier; they have more children, they have children more frequently, and they have far less prenatal care. Mental retardation may be from three to five times as prevalent among children reared in poverty as in middle-class families. There is also an increase in the number of school dropouts and in deqinquency.

Fully 75% of all families classified as poor are white, not black.

There is almost no public assistance available to a family with an able-bodied male, yet two-thirds of the poor live in households headed by a worker, half of whom work full time, full year yet cannot support their families. In fact, the majority of those on public assistance are women with dependent children, children, the blind, the crippled, and the aged. The majority of the poor are underemployed and live in families in which the breadwinner earns too little to cover the needs of the family. These are the facts of life for at least 25.5[1] million of our fellow citizens, a number which last year - unlike the decade past - rose.

We can only estimate the number who suffer from malnutrition and from hunger. But if the preliminary data obtained by the National Nutrition Survey can serve as a basis for projection, in some states, as many as 30% of those with incomes in the lowest quartile suffer clinically verifiable nutritional disability.

The high prevalence of malnutrition among the poor has specific relevance to this discussion for there appears to be a relation between the nutritional experience of the mother and child and the child's intellectual development and achievement.

The relations between malnutrition and physical growth, and malnutrition and intellectual development, can be considered under three headings: animal studies, direct evidence from studies in man, and indirect evidence from epidemiologic studies in man.

The term "mental retardation" might best be reserved for speicifc patterns of subnormal performance. Within the context of this summary, I shall deal with the effects of malnutrition on the acquisition of intellectual competence.

Studies in animals clearly indicate a strong relation between severe malnutrition suffered during gestation or early infancy, and the following independent variables: body growth , brain size, patterns of behavior and ability to learn. The disability produced will depend upon the timing and upon the duration of nutritional stress. We must note that the intensity of deprivation used in animal studies usually exceeds by a significant degree that which is observed in human situations.

Among humans, severe protein and calorie malnutrition,

when present during the first two years of life, adversely affects the growth of the head and body and, in those who die during the first year of life, it is found to have decreased the number of brain cells. Cognitive function and neurointegrative faculties are compromised in children who have recovered from severe malnutrition. Since cultural deprivation is a concomitant of the societies in which severe malnutrition is common, it is difficult to factor out the specific effects of malnutrition. Nevertheless, in the small numbers of cases studied, the impact of malnutrition appears significant.

Malnutrition occurs in conjunction with poverty. This environment includes social impoverishment and high rates of infant mortality, prematurity and illegitimacy. Each of these variables is closely correlated with the prevalence of mental subnormality and decrease in body growth. Appropriate modification in any of these social indicators decreases the prevalence of mental retardation. Optimal maternal mutrition should decrease the high incidence of infants who are underweight at birth. Since prematurity is highly correlated with mental retardation, relief of malnutrition may have an indirect but long-range effect upon the prevalance of mental retardation.

We remain uncertain about the intensity of malnutrition present in America's infants and children. Despite this uncertainty, the two intellectual functions found aberrant in children recovered from severe malnutrition - cognitive and neurointegrative ability - are also depressed in American children most deeply enmeshed in poverty. Evidence that implicates nutrition with certainty as the single variable responsible for these disabilities remains unavailable.

A recent review of this issue concluded with the following statement: "These data clearly indicate that conditions existing in urban America between 1965 and 1970 are such that children are being exposed to socioeconomic environments which breed malnutrition and limit growth and development. A large number of infants in this country are at risk, and the development of these children is being retarded."[6/]

The threat of malnutrition is greatest to those living in poverty and the chance of children reared in poverty to escape from it will be diminished if their cognitive function or intellect is compromised through malnutrition. It has been proposed, though by no means proved, that the multigenerational prevalence of poverty results from the repetition of a nutritional insult to pregnant women, infants, and children from generation to generation.

As already mentioned, there seems little doubt that severe malnutrition during gestation compromises the growth of the fetus and hence contributes to the prevalence of low-birth-weight and premature infants.

This result would probably not concern us were it not now known that consequences of low-birth-weight in human infants are most serious.

First and foremost, it has been reported that up to 50% of premature infants have demonstrable intellectual or behavioral deficits when they reach school age. In addition, low-birth-weight is the principal cause of infant mortality. Fully 70% of all infant deaths during the first year of life occur in infants of low-birth-weight. We need hardly be reminded again that our infant mortality rate is now 14th among the advantaged nations of the world, and some would say we are losing ground for other nations are reducing infant mortality more rapidly than we are.

Let me remind you of the prevalence and causes of mental retardation in this country. At birth it is estimated that up to 0.5% children give evidence of abnormalities which will be associated with mental retardation. This figure (0.5%) changes with advancing years. For example, in a study in a Maryland county it was found that among lower economic black children, 15% were considered mentally retarded by 10-14 years of age, and by 20 years of age almost 19% were classified as mentally retarded. In contrast, among middle class white children the number identified as having an intellectual deficit was 4% at 5-9 years of age, but at 20 years of age the level had fallen to 2%.

These data make clear that we have two kinds of mental retardation; one which is constitutional or congenital, perhaps related to birth injury, intrauterine insult or metabolic disease; a second form is clearly developmental and highly correlated with social class, social experience, and, apparently race. I hasten to add that this correlation with race appears to be fully explained by the social handicaps placed before minority children, and I know of no persuasive evidence supporting the view that minority children are inately less able than their white peers.

The poor child in this country, one of over 10.5[1/] million, and particularly the poor child in preschool years, is subjected to a variety of social disadvantages. To provide a complete list, we must start during intrauterine life. His mother gets inadequate prenatal care and may well receive an inappropriate diet. He is born into a family in which the dollar income is inadequate to purchase many goods and services middle class Americans consider necessities; adequate food, housing, clothing and health care, life in a safe neighborhood with schools providing well-structured educational opportunities. The poor child is offered none of those. In addition, more often than not, he lives in a home with four or more other children born in rapid succession to a mother hardly beyond the second decade of her life. With increasing frequency, there is no father in the home. Housing is dirty, old, dilapidated and rat-infested. The neighborhood is rough and dirty. The child learns about crime, violence and narcotics almost with his first experiences outside the home. He did not ask for life nor make his world; he was born into it. The world into which he came is hardly conducive to the development of those skills that are rewarded by our American society.

The human infant is born helpless and dependent upon others for food and protection. As he grows in size and develops physical strength and independence his cognitive function also matures. He acquires intellectual skills and the ability to think and reason, manipulate symbols and use language.

Whether or not an infant will develop these skills is unknown at birth. The sequence of experiences in the years of growth will determine this. The child needs protection in a supportive and stimulating environment if he is to acquire these skills. Protection of the infant in early life and the creation of an environment conducive to sound growth and development has been the responsibility of the family. To an increasing degree, families have been unable in our contemporary world to meet all these responsibilities. The structure of our culture is changing and thereby stressing the cohesion of the American family. Of all the threats to family structure, poverty is the most serious. This compounds the disadvantage of the poor child, for, not only is he born to a physical environment unlikely at best to facilitate normal cognitive development, but in addition to an increasing degree he is denied the unity and comfort, support and strength of a family.

Large numbers of white and black families have become isolated in rural slums on unproductive farms or adjacent to empty collieries or played out mines. Many rural blacks and whites migrate to urban centers, while urban whites have fled to suburbia. In both cases the extended family is destroyed or dismembered and each migrant finds himself in an alien environment, often among those with little more knowledge than he has about how to survive.

Most students of American society acknowledge that we are witnessing a major change in the structure of the American family. The extent of mobility in America may be unique among advanced cultures. The massive flow of population to the city may be decelerating, but the magnitude of the movement has been disruptive of social organization. The consequences of this mobility have included a severing of family ties, a disruption of the extended family, and a loss of the support and traditional wisdom heretofore available to young families with small children. The structure of the job market, extended educational requirements, and the tendency for both mother and father to work, have caused further deterioration in the viability and strength of the family unit. This is reflected in part by the extraordinary increase in juvenile delinquency. Another index of the instability and weakness of the family unit derives from data on illegitimate births. These have increased in some subcultures of the American urban environment until almost 30% of all births are out of wedlock.

As long ago as the middle of the 19th century it was recognized both in this country and others that society must exercise responsibility for children and families since they were unable to cope with the stress of changing life styles that came with the industrial revolution. It became clear that the family, the traditional unit for child-rearing, was in many instances inadequate to the new challenges of industrialized urban life. A child, for example, could not with the same safety wander along the street of a city as he could along a country lane. Child labor was regulated in the interest of preventing exploitation of children and public education became the mainstay for developing an informed electorate. The advent of factories brought families to cities and new modes of community life evolved. Then, as now, the migration adversely affected the strength of the family unit.

These ebbs and currents of social need and societal response are continuing, but at an ever-accelerating pace and, indeed, in a way that increasingly threatens the child as the integrity of the family is challenged.

We have reached a period in our national social evolution where a new public exercise of responsibility appears necessary, if we are to ensure that all children will enter the mainstream of American life, play a useful role as citizens and enter productive occupations. We must now assist families in providing an environment in which sound human development can occur. It will not occur in our rural backwashes or inner cities simply by exhortation or wishing, We must provide new social institutions structured to meet the needs of the children who live there. These will become a stabilizing factor in family life for they will allow time for the new forms of family structure to appear without sacrificing our children during this period of reorganization.

What needs must these new social institutions meet? First they must recognize that children require a warm but challenging environment if they are to acquire the knowledge and intelligence that will encourage, let alone permit, them to become useful and productive members of society. Children need health care and sound nutrition. In families with incomes at the poverty level large numbers of children receive little or no health care year after year.

A review of services offered children in this country reveals a sharp discrepency between those available to the poor and those available to the rest of our society. Many children of the poor receive no health care. For example, in 1966, only 7.5% of children under 17, living in poor families, visited a pediatrician. In families with incomes over $10,000, 33% visited a pediatrician. In that same year, it was estimated that only one out of ten black children ever saw a pediatrician. Most of the 600,000 children between the ages of 3 and 5, involved in Headstart Programs in 1964, had never seen a physician or dentist and had received no immunization, and it is by no means clear that these programs really reach the children of the hard-core poor. In testimony before the United States House of Representatives Subcommittee on the War on Poverty Program in 1965, it was revealed that 70% of youths enrolled in the Job Corps Program had never seen a physician and 70% came from homes where at least one parent had a physical or mental handicap.[7/]

Although the data are far from completely analyzed, the recent publication by the National Nutrition Survey indicates that children living in families in the lowest economic quartile, up to 30% may show signs of nutritional deprivation.

If mothers are to join the labor force as they increasingly do, society must provide a means for child care during the hours of employment.

In March 1971 there were 31,600,000 women in the labor force; 12 million of these were mothers. These women come increasingly from families with incomes well above the average. It almost appears that the opportunity to work is denied a woman if she is poor. Employed women amounted to 60% of all women living in families with incomes over $10,000; in families with incomes between $2,000 and $3,000, the percent was only 23.[8/] The reason is obvious. A solicitous mother will not leave her child without care and only families with more than average income can afford to purchase day care. Exclusive of the federally supported full-time day care programs in Head Start Centers for approximately 263,000 children, the majority of the 630,000 children in day care situations come from middle class homes. There are thus only 900,000 day care openings for the 18 million children under 5 or for the 5 million preschool children of working mothers. In a time now past, a working mother could use members of the extended family to assist in day care. Now this extended family no longer lives together and strangers must be found if the mother can afford to purchase this service.

Day care cannot be custodial. It must be educational, developmentally oriented and provide the warm and supportive environment of a home while exposing the child to a succession of new experiences that ultimately become woven into a personality and cognitive structure. Experience in Head Start programs have demonstrated that successful programs embody warmth and sympathy. We must guard against attempts to change children to fit the current educational structure. From this it follows that day care benefits must be examined within the larger context of the educational experience that follows, the public school system. The evidence is compelling that the advantages and acceleration in learning conferred by Head Start programs was rapidly dissipated by entrance into traditional public school environments.

If we are to institutionalize day care for preschool children, we must approach this need in an experimental frame of mind, prepared to innovate and change as we systematically evaluate programs in relation to the benefits they provide for children. For mothers willing and able to work, day care may offer an ideal solution. We must be prepared however to examine whether social needs can in some situations be best met by bringing professional homemakers and educators into the home. It may cost less to keep the mother at home and provide her with professional support than to establish a nationwide day care program to permit mothers to earn. While there is a substantial body of scientific knowledge identifying the environment in which preschool children learn best, there is no conclusive evidence that any given structures of day care will do better than a highly motivated mother given new security by a system that encourages her to become a successful homemaker.

Millions of children in this country are poor and deprived. They are hungry and lonely, rejected by society and even aliens in their own home. We must rescue them from deprivation and do so by establishing new social institutions to meet their needs. Only then can we build a vigorous, productive citizenry, ready to meet the challenges of the 21st century.

In conclusion, I would like to quote from the report of the Joint Commission on Mental Health of Children: "A national can be of no higher quality than its people. We have reason today to be deeply anxious about the quality of our society. On all sides we see signs of breakdown: violence, rioting by the disenchanted and dispossessed, distrust and hatred between groups, voluntary exile on the part of some of our brightest and most principled young people, hunger and despair among the poor. There is a frantic race on the part of most of us, not so much toward a goal but in pursuit of escape - escape from the fear of loneliness, boredom, the physical ugliness and human misery of the blighted areas of our cities and sprawling suburbs, a desperate and dragging sense that we have permanently and irretrievably lost the American dream. We have cherished this fading dream, this noble dedication to the ancient but forever-new belief in the inherent power of each individual to grow, to learn, to create, to love and live in peace with self and fellowman."

Let us not fail to rekindle this dream.

References:

1/ DHEW Publications Series P-60, No.77, May 1971

2/ DHEW Publications P-20, No.213, Feb. 1971

3/ USDA, OE, Senate Select Committee on Nutrition & Human Needs 1971

4/ DHEW Public Assistance Statistics, March 1970

5/ New York Times, May 16, 1971

6/ Nutrition Review 27:176, 1970

7/ Joint Commission on Mental Health of Children

8/ New York Times May 15, 1971

Senator Mondale. Our final witness this morning is Dr. William Forsyth, chairman of the Infant and Preschool Committee of the American Academy of Pediatrics.

Unfortunately there is a vote on the Senate floor in 10 minutes. What I propose to do is put your testimony in the record as though read, ask as many questions as time permits, and then, ask the counsel of the Subcommittee on Children and Youth to substitute for me and continue the questioning.

STATEMENT OF WILLIAM FORSYTH, M.D., CHAIRMAN, INFANT AND PRESCHOOL COMMITTEE, AMERICAN ACADEMY OF PEDIATRICS

Dr. Forsyth. In view of the time shortage, Mr. Chairman, I will abstract my report and try to cover only the high spots.

Senator Mondale. Very well.

Dr. Forsyth. The report is submitted and I would like to submit along wish it a copy of the standards the academy recently devised for the care of children in day care centers under 3 years of age.

Senator Mondale. Is that for the record?

Dr. Forsyth. Yes.

The academy does support quality day care. Most of the points, I believe, have been made, and we won't go over them. When we talk of these children, however, we are not talking of poor and handicapped children, but we are talking of the family under considerable stress. Families who are not in the poverty range, families under strain from problems with marital relations, with job security, with parents' physical and mental health. These strains sap the productive energies from parents and produce deprived children needlessly. Often crisis help or pressure-relieving day care can restore family functioning. These families need our help too.

When you see them in pediatric clinics and other areas, child development centers, if you are fortunate to have one in your area, it is always a job getting service to these people. I think they represent a hidden core that we don't recognize. Therefore, I suggest that we enlarge the disadvantaged title to include these people who have children who will be problems who are identified by health and social agencies.

I see no conflict in the statements, so I will pass on. We do feel that there is waste in our society from the lack of care given to children in these situations and we don't feel we can permit this to happen any longer. We are, therefore, extremely anxious to have this bill passed and we do support it.

We are concerned, in that the academy has developed standards which I alluded to and which have been mailed to many people, including the Senators on this committee. We are now developing a series of recommendations to implement the standards and explain them. They are minimum. We are anxious to have the recommendations out before the public before September. So far, we have gone through the first draft.

The academy has sought the cooperation of other professional agencies. We have held seven meetings around the country at the academy's expense. These meetings included parent participation, excellent cooperation from the Office of Child Development, as well as from other parent groups. We feel these recommendations will go a long ways toward defining quality day care. We started by trying to get accreditation and we came up with licensure recommendations. In talking to people of the standards and developing the recommendations, we found there were several points that were almost universally expounded. One, the strong local program. We have heard a lot of that this morning.

Another was parental determination of the content of the program. Parents were leery to delegate this to the board of directors at the center or the group seeking to provide the service. We feel we can explain this and we can come to grips with it in our recommendations, but we are espousing strong parent groups.

Coupled with this was a requirement placed on us by everyone we talked to, to recommend training. Not just training as such, but levels of training. For example, there are three levels, one, training provided by community colleges, high schools, which leads to a career area; two, the on-the-job training, the weekly conference over some agency matter, something that has to do with the operation of a day care center. This is important and often overlooked. It has to be provided for in time and other ways.

Three is the training that comes from the confidence of the individual child using local consultants.

The key to all this, of course, is first of all, providing money and staff for training; secondly, provide the training of the trainers, and some mechanism whereby adequate consultation can be provided to the day care centers.

We feel the program and other Federal programs has given us the beginning in these areas and these efforts should be tied together through this comprehensive legislation.

We are most anxious, then, to be sure that the feature of this bill that preserves local autonomy and direct funding by the Federal Government be enforced and maintained.

We feel the program and other Federal programs have given us the

I come from New York, upstate New York. In our area we do have strong State licensure laws for health areas, and we do have, I think, effective consultation over licensing and we have seen big changes in the last 2 or 3 years. I have heard people say we don't want States involved deeply.

Now, many of the people on my committee feel this way. The academy feels strongly that we want direct funding wholly and we want local activity. But I feel, personally, and I think I reflect the general feeling that there must be a definite rule for the State here. To me, this is licensure, consultation over licensure, and coordinating with the other functions, the State functions of education, health facility construction, of medicare and medicaid, and local planning, We should insist on licensure standards, and we should require that these standards meet or exceed the Federal standards through this bill. I think these standards are important, but there should be an incentive for the States to go beyond the minimum Federal standards. States like New York, California, and Illinois should be encouraged to show the way.

We feel that whatever standards are set must apply equally to the public and private sector. There are proposals——

Senator **Mondale**. Could you yield there? I am going to have to run over and vote. But I will ask Mr. Sidney Johnson to carry on and ask the questions we need for the record. Thank you very much.

Maybe even Mr. Scales can think of questions. He is a little slow at this. [Laughter.]

Mr. **Johnson**. Please continue.

Dr. **Forsyth**. The standards must be the same for the public, as well as the private sector. We feel that the problems in operating day care centers for private sector will be greater in the nursing home industry where the results would be slower to appear and more lasting when they have.

The comprehensive child care system developed should include health services. The organization of the health services to allow for preventive services, as well as treatment services, to allow for a variety of delivery systems is also important. For example, the day care center parts of a university project will have vastly different resources available to it than the day care center in a rural area without even a physician's office closeby.

I think we have to recognize these levels of provision of care, as well as the local needs. This is why we feel the local council should have some definite input here.

A pediatrician or, in his absence, a physician interested in children, should be available for interpreting the medical policy. I think it is the key, but we have seen programs implemented where this didn't happen.

Mr. **Johnson**. Could I interrupt you at that point and ask you about health care delivery systems as they relate to this bill?

As you know, the bill authorizes health services among a number of other services. My reading of the bill is that there is enough flexibility in the language to permit the administering agency to make a number of determinations about how health care might be delivered through different agencies. For example, in one case you might conceive of having diagnostic and screening services in a day care center with a physician there several times a month or so.

For younger children, presumably some of this money might be delegated to existing maternal and infant care programs to reach out and provide the necessary health services through that structure. Do you have any thought as to what kinds of delivery systems might best be used under this bill?

Dr. **Forsyth**. The Academy committee on the infant and preschool child did put out a statement in 1966 seeking to involve pediatricians. We recognized five different types of services. One would be consultation on policy. This is one of the things that is so often missing when we go into a health group. A physician comes in, hangs his hat on a peg, examines the first 10 or 15 kids that come through. This is not what we are talking about. This would not have to be done by the pediatrician and the staff, but it should be done by the local planning agency.

In addition to that, the direct health services, which, of course, are essential. There should be some consultation and health teaching to the staff. There should be some, for want of a better term, epidemiological, investigation into the cause and nature of health problems occurring to identify problems in that agency.

There should be some interpretation to the total community of the health aims and goals of the program. These are the things that should go into the health program.

Mr. JOHNSON. In your judgment, what are the most effective of the existing federally funded health programs designed to reach the poor, such as the maternal and infant care program? I am not really familiar with most of them. Are there any model programs that we should review?

Dr. FORSYTH. Well, of the programs in our particular area—I must be provincial because the experience I have—the Headstart program, which varies in effectiveness. I would say is probably not our main key.

We have model cities with university neighborhood health centers and these are reaching out to parent groups and I think organizing development of delivery systems with Federal support.

We have migrant health programs in various stages of development and I think quite exciting. Here you have people trying hard to get these programs to develop from purely migrant to indigent health care. ·Immediately, care has been the crutch in New York which they have leaned on. It is weaker now, but it has provided the bridge from one area to another.

I think these have been our main resources. The private physician originally was in the picture, but unfortunately, due to financial cutbacks, the private physician has been essentially cut out of the program. I think this is tragic. This is why we make the recommendations that funding be secure for this program. Because, to start with a big splash and have it dry up into a little puddle is cruel and unrealistic to the demands of the people.

Most of the people who have reviewed our material have been concerned that we have not dwelled at great length on the handicapped child. We feel the handicapped child should be included in the average day care. And to include these children would include benefits for the staff in many areas. But this is a matter that should be locally determined with consultation. We would recommend strongly but not require that the handicapped child be included in day care programs. He has much to gain and so does the other population of the center.

The inservice training program should go beyond grants to the day care centers. It should provide grants to educational institutions. One of the most exciting things happening in our area is the university medical school, realizing that it could not meet the demands of the area, has joined with other universities and even high schools to form an educational consortium to develop in this area. This type of grant would not go to the day care center, but this should be included in the training grant.

Research, of course, is also important. You have heard about this from others. I think the research into the methodology of applying the research, is important, because so often we have research findings, but we don't evaluate what this research means to those actually administering the programs.

I think as we talk about application of research and the application of training, it becomes important to talk about research in administrative skills. Many of the people who are from the neighborhood and working in day care centers could be given training which would improve their skills and permit them to go up the career ladder. They will need specific direction, not only in the usual administrative matters, keeping accounts, budgets, fund raising, but some education in how to make the administration of a day care center flexible, so that the center can adopt goals and policies and move on from this.

The operation of the day care center must depend on written goals and policies. In reviewing center operations, small health facility operations (again borrowing from my other experience), everything is accomplished by word of mouth and with the Federal requirements, everything must be written.

There are a few specific areas in this bill, 1512, that I would like to comment on. We are concerned over section 516(A)(2) which is on page 14 of the bill and has to do with the local policy council in the area to be served by the prime sponsor. It says that:

> Each local policy council located in an area to be served by a prime sponsor shall elect at least one representative to the child development council.

This is fine if you have a small local group. But if a State such as California, Texas, New York decides to be a prime sponsor, the cost of holding that meeting would make this local policy group completely ineffectual. We would, therefore, strongly urge the committee to set an upper limit on the size of the prime sponsor area in population or in geography. We take issue with those who would set a lower limit. We feel that if the standards are properly drawn, any group that meets the standards should be allowed to develop their program. Because this is the only way we feel you will get active parent participation.

If the prime sponsor is to be limited in size, then the role of the State has to be redefined. We feel it might be better to give the States a licensing and consultation role which is essentially a control role similar to this prime sponsor and encourage the State in this area to get the groups of adequate size to permit local operation of the program.

Mr. Johnson. If I understand your suggestion, you strongly support the community-based and parental roles and your concern is that the areas don't get so large and have so many representatives that the meetings become difficult to arrange and manage?

Dr. Forsyth. Yes, this is exactly our concern. We are afraid for the parent concerned in development. We are afraid if it gets too big parents won't be effective. It results in railroading everything through. We have seen it in planning council, and we would like to keep this low.

The prenatal health and nutritional services advocated in this bill we feel are important and do support them. I feel that in addition to those it's important to consider the planned parenthood aspects because many of the children who come either graduating from this program or could come to this program—I say children, I mean unmarried teenage girls who may be pregnant—have serious problems to work out and there are programs around the country that offer this counsel and advice to the mother.

If you give the prenatal care, it's incomplete without the planned parenthood aspect of it which is an aspect which I think we are seeing more and more.

On section 517 (a)(13) and (a)(14), we feel these two portions of the bill could be reworded. Under (a)(13), we are talking about the responsibility for hiring people, especially unskilled people. And training them. Some of this is also dealt with in item (a)(14). The hiring and training are really two separate parts. We feel that by inserting the word—if (a)(13) would read starting on line 24, provide that to the maximum extent appropriate programs will include participation in all skill levels including job entry by unemployed and paraprofessionals and so forth.

We feel that if this type of wording were inserted, it would accomplish the purposes of this section and we could then concentrate on the training aspects. We would recommend that this section include the three types of training mentioned previously, formal training, and leading to major change in job placement of an individual who has demonstrated training—has demonstrated ability, and also that there be regular inservice training programs required and further that there be conferences over particular problems which children are having in day care.

Mr. JOHNSON. If I understand your suggestions on these two provisions, you support the inservice training and preservice training authority but you would seek to specify it more precisely.

Dr. FORSYTH. At least give it three levels.

We recommend that this bill provide more for training than it has because in the early stages this is the key to whether there will be the enthusiasm and happiness and open-door policy that we think is the hallmark of a good day care.

Mr. JOHNSON. Do you have any more of your statement?

Dr. FORSYTH. I think not.

(The prepared statement of Dr. Forsyth follows:)

Testimony of William B. Forsyth, M.D.
Representing the
American Academy of Pediatrics
to the
Subcommittee on Children and Youth, and
Subcommittee on Employment, Manpower and Poverty,
Senate Labor and Public Welfare Committee
Presented
Tuesday, May 25, 1971
S. 1512 -- Comprehensive Child Development Act of 1971

Mr. Chairman and members of the Committee, my name is Dr. William Forsyth and I am here today on behalf of the American Academy of Pediatrics which represents the largest group of pediatricians in the United States. In February 1969, President Nixon called for a national commitment to providing all American children an opportunity for healthful and stimulating development during the first five years of life. At the White House Conference on Children, delegates voted top priority to the provision of "comprehensive family oriented child development programs including health services, day care and early childhood education." In accordance with these statements, the American Academy of Pediatrics endorses today the establishment of the legislative framework necessary to provide comprehensive child development programs to the children of our nation.

The Academy has always been an advocate of the rights of children and as such has had an interest in defining and working toward a sound child development program. Child care services are a vital part of such a program. The Committee on Infant and Preschool Child, of which I am Chairman, has devoted the past four years to this project. The first work of the committee produced a pamphlet outlining the roles which could be played by pediatricians in furthering the child care programs in their communities. Later when the need for standards for child care services for the child under three became apparent, the committee was charged by the Academy to develop a set of standards. The committee reviewed the standards in existance and developed a proposed set of licensure standards which were published last January and distributed widely including the membership of this Congressional committee. These standards started as an Academy venture but ended by including input of other professional societies in the field of child care, psychology and education.

Since the publication of the standards the committee has devoted its energy to developing a series of recommendations to interpret the basic requirements of the standards. The Academy sponsored, without Federal funding, seven regional meetings of parents and professionals in pediatrics and other fields interested in child development to discuss the recommendations. This is our first step toward establishing guidelines for child care. Cooperation from the Office of Child Development and from the other departments in the Department of Health, Education and Welfare has been gratifying and appreciated. The enthusiasm and help from the parents and professionals has been inspiring. The recommendations are currently in the first draft stage and are to be finalized for release this fall.

The Academy has been pleased to note the recommendations from the Arlie House Conference on day care sponsored by OCD and currently released as 32 principles under five major aims. They do reflect the general thinking, goals and purposes which will be found in our recommendations.

The overriding needs of children now being recognized call for a full commitment of time, talent and dollars. The continuing development and expansion of child development programs calls for a Federal commitment to quality child care programs. Children's talents and futures must not be wasted through failure to provide more than custodial care in homes that serve only as children's parking lots.

Today nearly three and one-half million preschool children from families with incomes below the poverty level face the real possibility of growing up without adequate care for their nutritional, health and intellectual development. We cannot afford this waste. Early childhood education can prevent perpetuation of the poverty cycle by providing some compensatory education for disadvantaged children. A comprehensive child care program can remove the conditions from a child's life during the most critical years that would seriously disadvantage his future. Child development programs can provide the social and intellectual stimulation and the emotional support and guidance to the child and the family necessary for the child's full personal development. A child care program can be the stabilizing influence in a disadvantaged child's life, and supply the environment necessary for maximizing his potential.

Child care is not just for disadvantaged children, it is for all children. Many non-poverty parents do not have the resources or the reserves to meet the child's needs which press upon them. Parents of children who live in isolated rural areas or who are isolated by language or cultural barriers, parents with marital, social, health or employment problems often do not have the emotional strength or the knowledge necessary to meet their child's needs. They usually need and welcome help. Child care programs for children and parents should be family strengthening programs that examine the real needs of parents and children in a coordinated sense. Often this may be the key to preserving home and family units.

The statistics on the number of working women in this country, the number of children under five years old of these working mothers, and the number of openings for any type of supervised child care has been researched at length and has already come to the attention of the committee. I will not repeat them here, the need is real and immediate. The problems of the welfare mother have also been discussed. The study of welfare mothers in New York City indicated that seven out of ten would prefer to work. Other women in desperate need of child care services are those mothers who have already participated in Federally sponsored job training programs. These programs provide child care services during the training program but no provisions are made for child care after the training program. The women are forced to return to their home, and no permanent change in employment patterns is achieved.

Although the Academy recognizes the need for child care as a supportive service for work training programs, comprehensive child care must also be provided for the children of those women as they move on to gainful employment. Such employment must not be achieved at the expense of children. Children should not be placed in custodial care centers under the name of welfare reform Children must not be denied the opportunity for early childhood development, perhaps their greatest resource for breaking out of the poverty cycle and becoming productive members of the society.

The American Academy of Pediatrics recognizes the need for comprehensive child development services and realizes the potential contribution a system of child development care centers could make to enhance and maximize the growth and development of this nation's children. We recommend that the legislative framework for a Federally assisted network of comprehensive child development programs be established at this time.

ADMINISTRATION

The Academy recommends that comprehensive child development legislation should assure the consolidation of all Federal programs providing child development services. This includes all programs now under the Economic Opportunity Act, Elementary and Secondary Education Act, and the Social Security Act. The Academy believes that the administration of such a program should be centered in one Federal agency such as the Office of Child Development in the Department of Health, Education and Welfare. However, whether there is a need to legislate the administration to such an agency is questionable, and we recommend that the legislation identify the Secretary of HEW as responsible for administration of such a Federal program.

The Academy recommends that the major responsibility for planning and delivery of early childhood services be placed at the community level. The concept of local initiative and decision making with continuing emphasis on community support and participation is crucial to the development of responsive parent oriented comprehensive child development programs. Local jurisdictions must have the responsibility for mobilizing and coordinating community resources. They are in the best position to assign priorities for local programs and to assure support and success of these programs. Operating funds should flow directly from the Federal government to local agencies or coordinating bodies.

If child care is to be meaningfully integrated with other state and local services, the role of the states must be defined. We believe this role should include coordination of programs within the state, providing for statewide planning and technical assistance, and serving in an advisory capacity. The states may also be involved in consultation for licensure of facilities, and the promotion of training programs in cooperation with locally or Federally assisted programs. Authority for the approval of funding of applications from local communities should be at a Federal rather than a state level with a possible review mechanism at the state level.

The groups eligible for application to provide child development services should include both private and public, profit and nonprofit organizations. The expansion of the role of the private sector raises many problems. Financially it may be impossible to operate child care centers at a profit. The problems are more complex than those encountered in the operation of nursing homes and the results more lasting and slower to appear. The standards governing the licensure and operation of child care programs must be as high for private as for public programs.

The Academy recommends that employers be encouraged to take the initiative in providing child care services for their employees through participation in community programs, through starting community programs where they do not exist, or even through funding separate comprehensive company programs where necessary.

PROGRAM STANDARDS

The Academy recommends the development of a set of comprehensive child development standards which must be met before a project applicant qualifies for funds. The standards should be no less demanding than those recently published by the Infant and Preschool Committee of the American Academy of Pediatrics. We do believe program standards should not be written into law, as the legislative framework established must remain flexible so that new programs and standards can be easily incorporated. Program innovation, indeed, should be encouraged and not stifled by too rigid requirements.

SERVICES

The Academy believes that all children should be eligible for child care services, and that no child be discriminated against because of race, creed or color. We support the legislative intent to give priority to the poor, disadvantaged, and those children with special needs. We do favor the continuation of ongoing programs, such as Head Start, while a more comprehensive program is formalized.

Funding should be provided not only for programs providing child care services, but also for programs providing part day, after school or night time care, and family home care programs. Services should be available for infants, preschool and school age children. Child care legislation should include provisions for a comprehensive approach including physical and mental health services, nutritional services, educational activities, social services, and special programs. These services should be provided in a coordinated manner by personnel with appropriate training.

The Academy takes particular interest in the medical component of a comprehensive child care system. The Committee on Infant and Preschool Child of the American Academy of Pediatrics has published a statement of the medical aspects of child care services. We would hope the medical component of a Federal child development program would be no less comprehensive than is proposed by the Academy in its publication. Enacted legislation should allow for medical consultation at both national and local program levels, and should provide for specified pediatric representation on any national advisory committee.

The health program of child care centers should supplement the parents efforts to provide child health services, and take advantage of existing community resources to meet the needs of the individual child. The medical component of a child care program should ensure adequate health standards for the agency's personnel and should make a planned effort to protect, maintain, and improve the health of its charges in every way possible. A pediatrician or physician particularly interested in children should be a member of the planning and organizing staff of the child care agency and should participate in establishing and interpreting medical policy for that agency. Specific health services might be secured from a variety of local resources. Plans for securing services should be flexible but should be integrated with the total child development program.

A child care service program should include: (1) direct services to the child; (2) epidemicological services; (3) consultation on individual child health problems;

(4) health education; and (5) interpretation of the health aims and goals of the programs. By training and experience, pediatricians are qualified to provide guidance in physical and emotional health. They are actively interested in establishing and servicing child care facilities.

SPECIAL PROGRAMS

Child care programs must offer a variety of services to meet the needs of individual children and families. The Academy recommends that funds be earmarked for children with special needs including the disadvantaged, migrant and Indian children, and neglected and dependent children. Programs for minority children should be oriented toward enhancing self esteem and providing pride in national origin. Programs must also be established to meet the needs of families with special problems including working mothers, one parent families, teenage unmarried mothers, and students.

Child care services should also be made available to children with physical and mental disabilities, and children who are emotionally disturbed. There is little doubt that educating handicapped children in preschool programs is beneficial. The Academy recommends that whenever possible handicapped children be incorporated into regular child care programs. However, when the severity of the handicap prevents the child from meaningfully participating in these programs, special programs should be established. The basic goal of Federal legislation should be to strengthen the capacity of the public preschool education system to provide equal opportunity to handicapped children and services that will optimize their development and maximize their potential.

TRAINING AND TECHNICAL ASSISTANCE

One of the main barriers to the expansion of child development programs has been the shortage of trained personnel. In 1966 the Office of Economic Opportunity estimated that short term training for 147,000 teachers and 290,000 nonprofessionals would be needed in order to provide full year Head Start programs for the two million disadvantaged children three to five years old. It is obvious that our limited resources cannot begin to meet the future staffing needs of early childhood programs now undergoing rapid expansion. The Academy recommends that child development legislation authorize both preservice and inservice training for professional and paraprofessional early childhood personnel. At the professional level, a comprehensive child development bill should provide fellowship and loan programs including loan forgiveness for teachers and professors in child development, and in child care center administration and planning.

The Academy also recommends that comprehensive child care legislation authorize programs for preservice and inservice training for paraprofessionals, including career development programs in teaching, administration, and outreach careers. New career programs can provide jobs for the unemployed and low income persons providing them with the key to their economic independence. Training offered in early childhood education should be accredited toward high school diplomas or college degrees. Funds should be available to high schools, community colleges and Universities to develop school and field sequences in all areas including teaching, administration, outreach, and evaluation.

Comprehensive child development legislation should include authorizations for technical assistance provided directly or through grants or contracts. Technical assistance should be available upon request to project applicants, local, state and Federal sponsors and administrators.

FACILITIES

Comprehensive child development legislation should authorize funds for facilities which provide a safe environment that is comfortable and does not create any health problems. Facility standards should be in accordance with the standards written by the Academy in its publication "Day Care Standards for Infants and Children Under Three Years of Age." The Academy recommends that all child development programs shall allow a portion of their funds to be used for renovation, construction, and acquisition of facilities. Federal assistance may take the form of grants, loans, or guaranteed mortgages. Construction money should be available for land acquisition, architectural fees and preliminary planning for a new facility. New facilities should be planned to offer services convenient to other public services such as schools, libraries, playgrounds, parks or health clinics.

RESEARCH

Research efforts in the area of child development have been limited and there has been little coordination between these efforts. A basic body of child development knowledge and a series of approaches to translate this knowledge into actual program objectives needs to be defined and tried. The Academy recommends that child development legislation authorize a substantial amount of money for basic research, for program research, and for research into the methods of training child development personnel. Legislation must also provide for a mechanism by which this research can be effectively coordinated and should provide support for the collection and dissemination of research findings. Money should be available through grants or contracts or provided directly for studies, demonstrations and model projects in the area of child development. Increased government support of early childhood research will enable researchers to fulfill their function of providing the scientific basis for designing and improving the nation's programs for children.

EVALUATION

The Academy recommends that legislation provide for the evaluation of administration, staff development, operation and effect of child care programs. There should be provisions assuring that data be collected at the Federal, state, local and project level and that this data be available to researchers for the purpose of evaluation.

COORDINATION

Comprehensive child care legislation should assure coordination among providers of care and administrators of child care programs, whether they be at the state or local level; it should also coordinate comprehensive preschool education with our public education system. In order to provide comprehensive and continuous service to children, efforts must be made to coordinate child development programs already in existance with programs established in this new legislation. Coordination should also be assured between Federally assisted programs, employer-employee programs, proprietary programs, and others.

S. 1512 the "Comprehensive Child Development Act of 1971" reflects the input and careful consideration of many. The committee is to be congratulated. The Academy wishes to support it as it includes most of the goals we see as essential. We recognize the size of the commitment called for. We are concerned that the dollar amounts may not do the job, we are also concerned that the dollar commitment may not become available. To undertake this project with the magnitude of social change which it will entail does require a firm commitment so that this will grow from a needed popular program to a basic governmental service and not wither as has happened in the past to other programs. We would like to further recommend consideration of specific portions of the bill:

Sec. 516 (a)(2) states "...each Local Policy Council located in the area to be served by the prime sponsor shall elect at least one representative to the Child Development Council." If this section is to be implemented, a limit should be placed upon the size of the prime sponsor area to be served or upon the number of Local Child Development Councils it could contain. A large jurisdiction served by a single prime sponsor would be required to have such a large Child Development Council that one could envision expensive, infrequent, and ineffective meetings with a loss of the local control, and flexibility and vitality which is part of the locally funded programs today.

Prenatal health and nutritional services are a logical focus for any child development program. The health and nutritional status of the expectant mother has profound effects on the mental and physical development of the fetus, and may seriously effect its potential for development in later life. Inclusion of these services for expectant mothers as provided in S. 1512 is an excellent proposal. Until maternity and child health programs can assure that all expectant mothers receive needed care, child development programs may reach a large number of expectant mothers who would otherwise not be served. Prenatal and interconceptual care in the child development setting would not necessitate the establishment of a whole new delivery mechanism, but can be offered through already established providers; for example, the Maternity and Infant Care Projects. Child development programs might also provide prenatal and nutritional counseling as part of a parent education series dealing with different aspects of child development.

We wish to thank the members of this committee for the opportunity to present our support of this bill and for the consideration of our comments.

RECEIVED
JAN 7 1971

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

JAN -4 1971

Robert G. Frazier, M. D.
Executive Director
American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60204

Dear Dr. Frazier:

Since September of 1967, the American Academy of Pediatrics has been of invaluable assistance to Project Head Start in carrying out its mandate to provide comprehensive health care to Head Start children. Members of the American Academy of Pediatrics have assisted the local communities in planning for health services for Head Start children and have seen that high quality services have been made available to the children. In addition, consultants have assisted at the regional office level through consultation, technical assistance and advice provided by dedicated physicians. In many instances their services have been far above that dictated by the terms of our formal agreement. Dr. Gertrude T. Hunter, Director of Health Services, has called upon them innumerable times for their support in planning the policies which emanate from the national office.

At a recent meeting between the director and the ten assistant regional directors for the Office of Child Development there was unanimous agreement that the role played by the Academy's pediatricians has been a crucial factor in making the health component of Head Start a success. Not only have the pediatricians been serving as consultants, but also within the local communities in which they reside they have been advocates as well as providers of services for Head Start children. The impact of their efforts is well documented in the Kirschner Report, which identifies many improvements in health services to the poor in communities which have had Head Start programs.

We would like, at this time, to extend our commendation to the American Academy of Pediatrics and its Fellows. Our gratitude to your organization is deep and genuine. We look forward to further cooperation with the Academy as we continue in our efforts to insure the health care to which all our Nation's children are entitled.

Sincerely,

Elliot L. Richardson

Elliot L. Richardson
Secretary

Edward Zigler

Edward Zigler
Director
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COMMITTEE STATEMENT

Committee on Infant and Preschool Child
American Academy of Pediatrics

PEDIATRICIANS AND DAY CARE OF CHILDREN

This general statement by the American Academy of Pediatrics on the medical aspects of day care services for children is intended to point to desirable goals for physicians who are involved in day care programs.

It should be understood that the physician's commitment will vary depending upon his time, interest, and the needs of the agency. Nevertheless, this statement is intended to provide a broad outline for day care services varying from the small, informally organized service to the large, formally organized day care program which sets definitive treatment goals for children.

It is assumed that the physician will work with and through the full-time staff of the agency to implement the goals of the agency and that, in general, his position will be that of a consultant. However, in some agencies he may be a part-time or possibly even a full-time staff member. Hopefully, this statement is broad enough to cover all these types of positions, with the reservation that it must be adapted to local conditions.

Day care of children* is sought increasingly by parents for a variety of reasons. Changes in modern society, such as the replacement of the extended family by the nuclear family,** the increasing numbers of mothers of all social classes in the work force, and the mobility of families, are revolutionizing child care practices in this country. Perhaps no family exists which has not made at least a temporary or short-term arrangement for its children outside their own home. Because such arrangements affect both the physical and emotional health of children, the kind and quality of such services are a vital concern to the pediatrician.

Care Varies

Daytime care of children varies from an informal arrangement with a friend or neighbor to organized group care provided by qualified professional staff in a special facility. It may even be an essential part of a plan for the remedial treatment of emotionally disturbed or handicapped children.

Pediatrician Contributions

Pediatricians can contribute to the health of children in day care in a number of ways. For example, as informed professional citizens they may speak up for the need of adequate day care services in their community. They will, of course, give medical care to children in their own practices who are in day care.

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*Day Care Definition (National Committee for the Day Care of Children):

Day care of children refers to the wide variety of arrangements which parents for various reasons choose for the care of their children, of whatever age, during the day.

This concept includes such facilities as family day care homes and group care – in day care or child development centers, nursery schools, day nurseries, kindergartens, programs planned for hours before and after school and weekdays when school is not in session – regardless of name, purpose or auspices.

Good day care provides educational experiences and guidance, health services, and social services as needed by the child and his family. It safeguards children, helps parents to maintain the values of family life, and prevents family breakdown.

**The term nuclear family as used here, refers to the parents and their children (two generations) – father, mother and unwed children by that marriage.

The term extended family refers to the nuclear family plus grandparents, aunts, uncles, cousins, etc.

More specifically, they may serve in an advisory capacity to state and local health, welfare, or education departments of standards for health services in day care centers. They may be a regular member of a health committee or board for one or more day care centers. They might be employed part-time by a large center or several centers as a member of the health team, in which case their duties would be quite different and would include "direct" services as well as consultation to staff, including not only health staff but everyone from director to janitor.

Implications

Pediatricians should understand the implications of day care for children and families. They should know its potential for promoting the physical and emotional health and the learning of children. They should be familiar with quality standards for health and for general day care programs. They should know the problems of day care and its potential dangers if services are poor in quality.

Day care out-of-home is not always the ideal arrangement for a particular child or family. When day care out-of-home is necessary or desirable, the quality of care and service must be considered.

The broad principles of a day care program approved by the American Academy of Pediatrics may be used as a basis for planning to meet local needs. What are these principles?

I. **General Health Program Policies:** The health program of a day care program.

   A. Should supplement the parent's efforts to provide child health services. It should take advantage of existing community resources to meet the needs of the individual child.

   B. Should insure adequate health standards for the agency's personnel.

   C. Should make a planned effort to protect, maintain, and improve the health of its charges by all proper means.

   D. Should not, by an act of commission or omission, do anything which would injure the health of children in its care.

   E. A pediatrician or, in the absence of such an individual, a physician particularly interested in the overall needs of children, should be a member of the planning and organization staff of the day-care agency as well as in charge of the specific health program.

   Wherever appropriate, the day care agency should seek advice, guidance, and cooperation of other interested community agencies to insure the orderly development of a community child care plan.

II. **Health Services:** Provided within the day care services program.

   An adequate day care services program should include five major services: (1) direct services to the child, (2) epidemiological services, (3) consultation, (4) health education, and (5) the interpretation of the health aims and goals of the program.

   As time and circumstances allow, a pediatrician should participate as a consultant in these services.

   A. Direct services:

   1. Intake: A complete evaluation of the child, including physical and mental health, immunization status, social and cultural background, should be available to be reviewed by the professional staff of a day care agency.

At the conclusion of this evaluation, the results and recommendations should be discussed with the parent with the aim of securing follow-up treatment for conditions needing further care, and for setting the basis for further consultations to keep the parent abreast of the health and educational and social goals and their attainment by the child in the day care center.

2. The physician should supervise the program of continuing evaluation of the child's medical health. He should consult with other professional staff on the emotional adjustment of the child to the day care center.

3. The physician should be responsible for the written policy on first aid and accident procedures and should be available for consultation in other matters, including medical illness.

4. The physician should periodically review with the staff the physical structure and operational procedures of the day care centers to insure that the highest health standards are maintained.

B. Evaluation of problems in physical or behavioral health:

The physician should participate in evaluation of factors affecting the entire group. A study of the group inter-child relationships and their effect on diseases and behavior should be undertaken by the day care staff in order to seek out the causative agents for problems presented by any particular pupil.

C. Consultation:

The physician should interpret to the referring physician or medical care facility the aims, goals, and problems presented to the staff in caring for the child so that there will be a coordination within and without the agency.

D. Health education programs.

1. Through case conferences and through the staff's experience gained in solving its health problems, curriculum and materials should be developed and interpreted for agency staff to use in the evolving health program.

2. Interpretation of the program in the day care center and of events occurring in the child's home should be blended through regular parent-staff conferences. This material should be used as a basis for a health education program for parents individually and in groups.

3. One of the goals of the teaching program is to train the staff to carry out the parent and child health education function. Any health education efforts for the parent should be related to the health problems as perceived by the parent.

4. Health education for the children in day care services should be developed as part of a total child care service so that it will be incorporated with daily activities.

E. Interpretation:

The physician should share responsibility with administration for interpreting the total health program of the center to the community to secure greater understanding of its overall goals and of its operating procedures.

Intelligent supervision with attention to health, education, and social service needs of these millions of children out of their homes has tremendous potential for good. By training and experience, pediatricians are qualified to provide guidance in physical and emotional health. Their active interest in establishing and servicing day care facilities where needed is earnestly solicited.

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Standards for Day Care Centers for Infants and Children Under 3 Years of Age

AMERICAN ACADEMY OF PEDIATRICS
Committee on Infant and Preschool Child

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1970–1971

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These standards are basic and require supplementation to be effective. Planned in-service training and extensive consultation on medical, educational and administrative policy should be available.

The American Academy of Pediatrics, in cooperation with other interested national professional organizations, is preparing a series of recommendations to explain and carry forth the pinciples of the standards. It is hoped that these recommendations will serve as a basis for regionalizing and individualizing these standards.

William B. Forsyth, M.D.
Chairman, Committee on
Infant and Preschool Child

PREFACE

The Committee on Infant and Preschool Child of the American Academy of Pediatrics, in response to a request from the Executive Board of the Academy, has undertaken to develop basic standards for quality day care for children under 3 years of age. Because many children are in day care and because children in this age period are going through many critical periods of development which are highly susceptible to environmental influences, the Committee feels that a set of realistic standards should be developed.

Day care of children is a requisite for some parents who wish to become employed, to continue their education, or to maintain the integrity of family and social life.

Quality day care should be available for all children and their parents. Standards should be relevant to public, private non-profit, and private-for-profit day care agencies. These basic standards are applicable to the provision of day care for all children, rich or poor, with or without special health problems.

The standards which are advocated here are based on current usage. Their origins, and even their validity, are not always clear. Until research further evaluates present standards and programs for children of this age group, the use of current programs and their modification in the direction suggested by research is the best approach. Basic standards will be of relatively limited usefulness unless they are accompanied by recommendations to promote the further improvement of services. Considerable effort will need to be expended by the Academy and others to develop recommendations which will supplement these basic standards.

The Committee on Infant and Preschool Child is eager to meet with other organizations concerned with the day care of children and to seek their recommendations for additions and changes to these basic standards. These basic standards should be a joint project and not remain exclusively an Academy venture.

Since the following written standards are basic, the Committee has generally avoided incorporating philosophy. The availability of day care provides a mother with the choice of group day care as one of the means of providing for her children. Options should include full or part day care under a variety of sponsorships and in a variety of locations such as neighborhood schools or parents' place of employment. In no instance should the availability of day care for her child be used to coerce the mother to work. The primary purpose of day care should be to offer a sound basis for learning and further development of the young infant and to support and encourage the mother in her efforts to care for her child. Parent involvement is essential in each day care center if it is to have a dynamic program which will meet the needs of the children it serves.

The exigencies of time and space preclude individual acknowledgment of assistance in the preparation of this manual by many workers in the field of education, social work, child psychology, and Government who have furnished valuable criticism and advice. We are indebted to many people for their help.

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CHAPTER I

BASIC PRINCIPLES

Day care centers should be located near the home or other family activity, the school, or the parents' place of employment. The centers should be encouraged to accept children with handicaps who can benefit from their programs. A careful evaluation should be made of the reasons why a child is rejected from the program to gather information on causes of rejection. Programs should be subsequently modified to reduce the number of rejections and to insure that day care services for all children will be available to all who can benefit from them.

Three types of professional input are essential to the day care movement:

1. Consultation on policy and procedures, by persons with professional and administrative skills in day care, including administration, medical, nutritional, social, psychological, and educational.
2. Consultation on implementation of the daily program.
3. Consultation on training of agency personnel.

Agencies caring for five or more children should be licensed. All children on the premises during any part of the period the program is in operation shall be included in the count. It is anticipated that standards should be met by all those rendering day care. Consultation and policy recommendations covering foster family day care could be the responsibility of an agency-coordinating group.

These basic standards advocate a change in policy concerning the child who is ill. Current research indicates that children who are ill generally have harbored the infectious agent for several days prior to the appearance of symptoms and that the agent may have been present in the day care center population for a considerable period of time prior to its first appearance as symptomatic illness. Since day care is one method of assisting mothers and supplementing family care, children who are ill could be cared for in the day care center at the mother's discretion. Planning for the child, in terms of notifying the parents and/or caring for the child with minor illness in the center, should reflect this.

The Committee considered the value of cleaning of toys and other items the children come in contact with. Although such cleaning may be desirable from the aesthetic standpoint, the scrubbing of toys daily does not constitute a significant safeguard against the spread of infection. The staff should be attractively clothed; but, frequent changing of clothing and the wearing of special scrub gowns or other similar attire designed to prevent the spread of infection is thought to be unnecessary and should not be required.

When these basic standards are used as a basis for state licensure, the state licensing agency must assume responsibilities toward the licensees to provide or pass on the quality of consultation available.

Consultation could be provided from a central agency working with the smaller centers; or, in the case of a larger center, it could be provided from the staff or resources of the larger agency. The coordination of community services and the delivery of high quality day care is a joint responsibility of the licensing agency and those actively seeking to provide the care.

The basic standards do not outline a system for the direct delivery of primary health services in detail; these services must be integrated closely with the resources available in the community. A separate plan which would go beyond the requirements in the standards should be developed using guidelines* currently available if primary care is to be included. The central city day care center affiliated with a neighborhood health center and day care services in a suburban church are illustrative of the differences in need for primary health care as a part of day care programs.

The implementation of these basic standards requires a major emphasis on in-service training for all staff. The provision of training and recognized paths to professional development are vital to the provision of quality care.

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*Standards of Child Health Care. Evanston, Illinois: American Academy of Pediatrics, 1967 (to be revised 1971).

CHAPTER II

ADMINISTRATION

1. **Organization**

Regardless of the type of organization, sponsorship, or ownership, each center shall define in writing the types of services it offers to children and to parents. All centers shall have a board of directors made up of interested citizens, including participation from parents of children placed in the center and the community at large. The organization of every center must be such that the legal responsibility is clearly defined and the administrative authority is specifically delegated to the director. Minutes of board meetings should be maintained in the office of the administrator.

2. **Required Policies**

The center shall have written policies developed and approved by the board which shall:

a. Insure that no child will be discriminated against because of race, creed, or color.

b. Delegate to the administrator specific powers and responsibilities with regard to hiring of personnel, program content, maintenance of a safe and adequate facility, and establishing and maintaining positive and continuing relationships with the community being served.

c. Define admission policies which shall be given to each applicant. These policies shall be flexible and adapted to the needs of the child to be admitted so the child with specific problems who could benefit from the program will not be denied admission. The policies shall include (1) a description of the admitting procedure, which shall encompass an initial interview with the parents and a discussion of the center's program: the objectives, goals, holidays, health services, and hours of operation. Social, health, and developmental information (which will determine whether the services will meet the needs of the child and his parents) shall be obtained from the parents at the initial interview. (2) At the time of acceptance, the parent and the staff shall also develop a transportation plan for the prospective enrolee. (3) Also, at this time, a plan shall be developed with the parents which will provide for emergency medical care for the child, names of persons to be contacted when the parents are not available, and designation of persons who will be authorized by the parent to receive the child at the end of each session. Provision for the child who is not called for at the close of the day shall also be included. The child shall be released only to the authorized persons or to persons subsequently designated by the parents in writing.

d. Define the policy of the center to hold regular, individual staff-parent conferences at least every 2 months to summarize progress, to inform parents of the program being carried out, and to obtain information from the parents on the child's development and home behavior. These conferences will provide an opportunity for the parents and staff to be kept advised of the child's behavior, progress, and any need for other social and health services so both the day care center staff and the parents will gain a better understanding of the child.

e. Assure the introduction of each child into the program in a way to meet the special, individual needs of the child.

f. Develop parent-center communication and cooperation in coping with daily problems and behavior patterns and in fostering optimal development of the child. Make available to parents methods and materials for use with the child at home.

g. Assure and encourage that the center shall be open for visits by the parents and those involved in the child's care at home.

h. Assure that specialized services (such as services for cerebral palsy, mental retardation, and so forth) shall not be advertised unless the center has a suitable plan, facilities, and staff qualified to offer these services.

i. Require minimum insurance coverage to include: (1) public liability insurance for the protection of the agency; (2) Federal Social Security coverage; (3) Workman's Compensation Insurance; (4) special licensing for drivers for agencies providing transportation.

j. Insure that there shall be sufficient funds at all times to insure good care and guidance of children in accordance with these basic standards.

k. Provide that, in event of closing of the program, at least 2 weeks' notice will be given to parents.

l. Insure that adequate financial records and records on the personnel and children will be maintained on the premises.

m. Set fees charged for child care by community or tax supported centers which shall be related both to the actual cost of operation and the potential income from the parents. Subsidization of part of the cost is to be anticipated for many of the centers.

n. List job qualifications and responsibilities, hours of work, vacation, sick leave, insurance and fringe benefits, health policies, separation and grievance procedures for each position.

o. List a prepared plan and program of in-service training for staff development at all levels.

p. Coordinate the various elements of the program curriculum.

q. Plan for disasters such as fire, care during illnesses or injury of personnel or children, and so forth.

r. Designate a qualified, responsible adult to carry out the program in the temporary absence of the director.

s. Assure that the child-staff ratio shall be maintained, but in no instance shall the center operate with less that two staff members, one of whom shall be free of other responsibilities while in charge of the children.

CHAPTER III

PERSONNEL

Personnel caring for children in day care centers shall be in good physical and mental health. Personal qualifications are of highest priority. Even though precise definition of desired personal characteristics is difficult, patience, warmth, ability to set limits, a positive personal self-image, and flexibility in reaction to and knowledge of different expressions of behavior represent selected examples.

1. Personal Health Qualifications

a. All personnel, including the director, must obtain, prior to the time of employment, a physician's statement based on his clinical evaluation that they are free from any mental or physical illness which might adversely affect the children cared for in the day care center. The staff shall have periodic assessments of their mental and physical status which will affirm their competence to continue caring for the children. Such assessments are better carried out regularly by competent supervisors than through routine medical examinations or tests.

b. All personnel, including the director, shall have a preemployment tuberculosis examination and an annual report on file of a chest x-ray or tuberculin test which has been interpreted and shows no evidence of active tuberculosis.

c. Staff members with communicable disease must take adequate precautions, including, when indicated, temporary absence from duty without penalty.

d. All staff members who work with the children should have basic knowledge of first aid principles, including control of bleeding and artificial respiration.

2. Personnel Records

a. Confidentiality of records shall be maintained.

b. A record of each employee shall be maintained and shall include: name, address, age, sex, training, education, experience, and other qualifications; report of physical examination at the time of employment and names and telephone numbers of persons to be notified in event of an emergency; police clearance for crimes of child abuse and sex offenses; and, an annual report of tuberculosis examinations.

c. Personal and character references.

d. A record of all in-service training.

e. An annual rating based on job attitudes and performance should be maintained for each staff member.

f. Records of currently employed personnel shall be kept at the center for as long as the individual is a member of the staff.

3. **Personnel Qualifications**

a. Director

(1) The director shall meet the general personnel requirements. He or she shall be the person responsible for the children in the program, and shall have the personal characteristics and experience necessary to plan and to administer a well rounded program for the promotion of health, growth, and development of young children in a group setting. In addition to meeting the foregoing requirements, the director must have completed a minimum of 24 semester hours or an equivalent number of quarter hours of credit in courses dealing with child development, the nursery school child, child psychology and related subjects, or have equivalent experience acceptable to the official licensing agency.

(2) The director of a day care center for eight or fewer children shall have 2 years of relevant experience in direct child care in a day care center. In addition, he or she shall have a high school education, or its equivalent, plus one course in early child development. A director with these qualifications must receive regular, scheduled consultation from a supervising agency approved and designated by the licensing body of the state.

b. Staff

In a center for nine or more children, the persons with secondary responsibility, supervised by the director, shall (1) have completed high school or its equivalent, plus one course in early childhood education; (2) be at least 18 years of age and presently be enrolled in a recognized school to complete high school and have had one course in early childhood education or child development; or (3) be at least 18 years of age and have completed a child care program or an in-service course and be enrolled in regular, approved, training courses.

c. Nonprogram Staff

Administrative staff, aides, housekeeping staff, and others should be employed as needed by the agency.

4. **Responsibility of the Director and Staff**
   a. The director shall be responsible for maintaining standards for the care of children and for continuing operation of the center. In the temporary absence of the director, a qualified staff member should be designated to serve in his or her place.
   b. Proper provision shall be made for a sufficient number of staff members with appropriate qualifications to carry out the program of the center according to stated requirements and to assure that the building is maintained in a safe and clean manner.
   c. The director shall assure that the required child-staff ratio be maintained; but, in no instance shall a day care center operate with fewer than two staff members, one of whom shall be free of other responsibilities while in charge of the children.
   d. The center shall provide qualified staff to replace members who are on sick leave or vacation.
   e. The center must provide or arrange for orientation and continued in-service training for all staff involved in the day care program—professionals, nonprofessionals, and volunteers. Such experiences should encompass concern with general program goals as well as specific program areas, i.e., nutrition, health, growth and development including the meaning of supplementary care to the child, educational guidance and remedial techniques, the relation of the parents participation, and the relation of the community to the child
   f. Supervision, including review and evaluation sessions which point out the strong and weak points of performance, is a supplement to continuous in-service training. Nonprofessional staff shall be given opportunities for career progression which include job upgrading and work-related training and education.

5. **Child-Staff Ratio**

   There shall always be one adult for each four children under 3 years of age. These child-staff ratios should be computed in relation to full-time child care activities and exclude other duties such as housekeeping, record maintenance, and cleaning.

   Insofar as possible, the same adult should care for the same child.

CHAPTER IV

RECORDS

The center shall keep confidential, current and past records of the following:

1. **Facilities**
   a. The center shall keep a file of contracts required, licenses, approvals, and certificates of occupancy.
   b. The center shall keep an up-to-date inventory of its equipment.
2. **Staff**
   The center shall keep current and past records of the following:
   a. For each employee there shall be a health record containing:
      (1) evidence of freedom from tuberculosis and a report of annual tuberculosis control measures;
      (2) evidence of preemployment examination indicating a health status permitting him to function in his assigned role;
      (3) evidence of recovery after specified communicable diseases;
      (4) reports of periodic evaluations when held.
   b. For each employee participating in the care of children there shall be:
      (1) evidence of qualifications for the position held;
      (2) statements from references including police clearance of crimes involving sex offenses against children and child abuse;
      (3) evidence of job evaluation based on job description reviewed and signed by supervisor and employee;
      (4) records of all training received subsequent to employment;
      (5) reports of accidents.
3. **Children**
   a. For each child there shall be a daily attendance record.
   b. For each child there shall be a program record containing:
      (1) name, address and telephone number of child's source of regular health care;
      (2) emergency care plan for the child in case of accident or illness;
      (3) record of initial admission interview to include a transportation plan;
      (4) statement of child's health status with any specific recommendations by the physician for special care;

(5) current status of immunizations;
(6) regular observations by the center's staff of child's physical, emotional, and developmental status;
(7) parent permission for center-sponsored field visits;
(8) record of periodic child-parent conferences;
(9) accident and incident reports for the child.

4. **Administrative Records**
   a. Copies of current operating policy and procedures and programs.
   b. Records of committee meetings and recommendations.
   c. Reports of all licensure and safety inspections.
   d. Accident and incident reports.
   e. Adequate financial records.

CHAPTER V

PROGRAM

1. **Planning**
   a. Program planning shall be in cooperation with the primary caretaker, the parent, and the director of the children's program.
   b. Individual and group programs for children shall be planned in such a way as to provide intellectual, social, emotional, and physical benefits. No group shall be larger than 16 children.
   c. The parent shall receive a written outline of these activities:
      (1) so coordination of home and center activities and procedures is facilitated,
      (2) so each child's developmental needs may best be met.

2. **Activities**
   a. Experience shall be offered each child to enable him to develop ways of relating to: things, people, feelings, his own body, and his growing self-awareness.
   b. Opportunities for activities shall be offered to each child based on:
      (1) physical maturity,
      (2) individual sensitivities and strengths,
      (3) individual need for periods of rest and stimulation,
      (4) individual need to interact with adults and other children,
      (5) individual ability to cope with stress.
   c. Daily activities for children shall be planned ahead and consist of, but not be limited to:
      (1) gross motor and fine motor activities,
      (2) visual-motor coordination activities,
      (3) language development activities,
      (4) development of other communication skills,
      (5) direct experiences with materials and people in the center and in the community,
      (6) activities which help to develop organizing and categorizing skills,
      (7) activities which encourage the development of exploration and satisfaction of curiosity,
      (8) activities which foster social and personal growth through individualized care by consistent mothering figures.

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3. **Schedule of Activities**
   - a. Activities shall be scheduled so there is adequate time for:
     - (1) periods of active play with adults and other children,
     - (2) periods of rest,
     - (3) periods for meals and snacks,
     - (4) periods of outdoor activity
     - (5) periods of solitary activity for those needing such time,
     - (6) periods of individual interaction between one adult and one child.
   - b. The planned, written schedule of activities shall be developed on the basis of each child's need for continuity of routine. Staff duties shall be related to the written schedule.
   - c. Flexibility of scheduling shall be considered to meet individual interest and accommodation to unusual circumstances.
4. **Materials and Equipment for Children's Activities**
   Materials used by children shall be varied, attractive to children, appropriate in size and complexity, safe, and in good repair.
5. **Space for Children's Activities**
   The space for children shall be divided into separate activity areas so different children can participate in different activities at the same time. This will enable the staff to meet the needs of some children for rest, some for active play, some for quiet activity, and so forth.
6. **Staff Responsibilities**
   - a. It will be the responsibility of the adults in the program to encourage the development of:
     - (1) meaningful, trusting, and stable relationships;
     - (2) autonomy in children through self-help and self-initiated activity;
     - (3) exploration and curiosity.
   - b. Harsh, punitive methods of control and/or training of children shall not be permitted. Mechanical restraint of children shall be prohibited. Individualized, consistent care is to be emphasized.

CHAPTER VI

HEALTH SERVICES

1. **Administration**
   a. There shall be a written health program to include policies regarding the following:
   Admission health policies; responsibilities for ongoing medical care; management of acute illness during the day; management of accidents; staff in-service training; continuing health supervision; programs for activity, rest and feeding; and personal hygiene. This health program must be reviewed with the parents at the time of admission.
   b. The state licensing agency shall provide or approve consultation on policies relating to physical and mental health. Consultation should be available to the center staff and advisory groups prior to the opening of the center and periodically thereafter. Periodic reviews of the health program should be undertaken to insure its implementation and to assess the need for modification.
   c. The health program should be a joint responsibility of the professional consultants and center staff. Consultants should confer with the staff at regular intervals concerning health, behavior, and other problems of the children and should suggest referral to appropriate resources when indicated. They should review reports received by the center concerning its children and interpret them to the staff.
2. **Admission Health Policies**
   On admission, the parent must provide:
   a. A report on the state of the health of the child based on a recent evaluation, including his ability to participate in day care, and any special health needs.
   b. Verification of adequate immunization for age using the *Report of the Committee on Infectious Diseases** of the American Academy of Pediatrics as a guide.
   c. Tuberculin skin test at the appropriate age with adequate follow-up for positive reactors.

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*Report of the Committee on Infectious Diseases. Evanston, Illinois: American Academy of Pediatrics, 1970.

d. Name, address, and phone number of the physician or health resource responsible for ongoing health care of the child, and the parent's signed authorization for treatment of the child in an emergency.
e. Name, address, and phone number of persons (in addition to parents) who will accept responsibility for the child if he becomes ill and parents cannot be contacted.

3. Management of Child Who Appears Ill

a. Children who are tired, ill, or upset will be given a chance to rest in a quiet area under frequent observation. Each of these children will be given a health appraisal by the regular staff in attendance. Such children need not be discharged home as a routine policy but may be cared for during minor illness at the discretion of the parent.
b. Parents will be advised to seek medical care for all illnesses which are not common in the community or for which symptoms persist. Health reports related to these illnesses should be a part of the children's records.
c. Any child who frequently requires seclusion and health observation for fatigue, illness, or emotional upset will be referred through the parents for complete evaluation. The day care center will provide the family with a complete report of the observations of the child.
d. Medical consultation shall be available to the director to aid in establishing policy for management of current illness or threat of illness.

4. Management of Accidents

a. The designated health consultant or other appropriate persons shall evaluate the physical facility at least semi-annually to determine that it is reasonably free from common hazards, including lead.
b. All staff members who work with children shall have basic knowledge of first aid principles, including control of bleeding, management of seizures, and administration of artificial respiration.
c. The designated health consultant will assist the staff in developing routine procedures for treatment of minor injuries. These procedures shall be written and posted with the first aid materials.

d. There shall also be a written, posted procedure for disaster, including fire, and the management of more serious accidents, including first aid measures and the procedures to be followed in bringing children to emergency medical care.

e. First aid supplies shall be maintained on the property.

f. If a child has an accident during the day, the parent or designated responsible person shall be notified.

g. A record of accident or injury shall be kept in the child's permanent health form.

h. Records of accidents shall be reviewed by the medical consultant and staff, semi-annually.

5. **Health Supervision**

a. Health supervision shall be based on the current standards* of the American Academy of Pediatrics.

b. Day care center staff responsibility

(1) At least every two months, a staff member shall seek to meet with the parents to summarize information on the child's growth, development, behavior, nutritional habits, and so forth. The parents will provide reports of interval immunization and health evaluation reports of other health care the child has received. The names of physicians and others involved in this care will be brought up-to-date. Recommendations should be developed by the parents and staff for the child's program so there will be a coordinated program of day care for each child.

(2) There shall be daily communication on problems of diet, illness, and behavior between parents and staff and staff and parents.

(3) It shall be the responsibility of the director to supervise the administration of medication. Such medication shall be adequately labeled, prescribed by a physician, and accompanied by a written request and authorization by parent or guardian. Records of these prescriptions and authorization shall be maintained on file.

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*Standards of Child Health Care. Evanston, Illinois: American Academy of Pediatrics, 1967 (to be revised 1971).

c. Sanitary procedures
  (1) The center shall provide facilities for washing hands and face before meals and hands after using toilet facilities.
  (2) Disposable towels shall be provided.
  (3) Wet or soiled clothing shall be changed promptly; an adequate emergency supply shall be available.
  (4) An adequate supply of clean diapers and sheets shall be available at all times, preferably of a disposable type or provided by a commercial laundry service. Soiled diapers are to be placed in a plastic bag or plastic-lined, covered container which shall be emptied, cleaned, and disinfected daily.

6. **Outline of Goals in Health for Staff In-service Training**
   a. To develop early detection of behavorial and physical problems through recognition of deviations from group and individual health behavior.
   b. To promote use of preventive and corrective services.
   c. To teach positive health and safety behavior by example and direction to children and their parents.

7. **Dental Health**
   a. The center staff should be knowledgeable concerning the need for adequate fluoride intake of infants and child.
   b. The staff will, by parent education and appropriate professional referral, attempt to insure an adequate fluoride intake by the use of a fluoridated water supply or by the use of other forms of fluoride when such a water supply is not available.
   c. Children of appropriate age and their parents should be given directions concerning other means of promoting good dental health (adequate nutrition, early dental inspection, and salvage of carious, deciduous teeth).

CHAPTER VII

NUTRITION

1. **Professional Consultation**
   Regular planned, professional consultation should be available to each center regarding the feeding of infants and young children, including formula composition, preparation, and storage.
2. **Nutritional Assessment**
   A nutritional assessment is a necessary part of the health evaluation for every child admitted to the center.
3. **Formula and Milk**
   The day care center shall use a single, ready-to-feed formula, unless medically contraindicated for the individual child. Whole homogenized, pasteurized, vitamin D-fortified milk shall be used for infants and children not on formula, except in the rare instances when it is medically contraindicated. Milk should be poured prior to a feeding into clean bottles or cups, depending on the age of the child; any excess milk should be discarded after each feeding.
4. **Nutritional Program**
   Food served to children in day care centers must supply a reasonable proportion of the daily requirements of nutrients necessary for optimum growth and development. The admission interview must include information about food habits and practices: schedule of meals or feedings, food likes and dislikes, cultural patterns of food selection, and preparation. This information should be used by the staff to plan meals and snacks and to introduce new food or foods in a progressively coarser form for infants. Since the center supplements home and parental care, an individual food program should be developed in consultation with the parents.

   Menus should be planned at least on a two-week basis and be posted where parents can see them.

   There should be consistency of child-caring persons within the limits of feasibility of staffing. An infant should be individually fed according to his own schedule of feeding and by the same person, insofar as possible. Infants will be held for bottle feeding. The atmosphere at feeding time should be relaxed and pleasant so eating will be fun. Programs preceding mealtime for toddlers should include a period of quiet play.

   All food should be in pieces small enough for children to handle.

Single foods (not mixtures), mildly flavored foods, raw fruits and vegetables, finger foods, and small servings are usually preferred by children.

Proper sanitation and health standards in conformance with all applicable state and local laws and regulations should be maintained in the storage, preparation, and service of food.

5. **Vitamin and Mineral Supplements**

   Iron, vitamins, and fluorides should be provided in adequate amounts through water, formulas, milk, or other foods, or as iron, vitamin, or fluoride supplements.

CHAPTER VIII

FACILITIES FOR THE DAY CARE CENTERS FOR CHILDREN

1. **Housing Location**
   a. The day care facility should be located in an area where there is access to fire fighting facilities; an ample, uncontaminated water supply; and a safe area for the children to get in and out of vehicles.
   b. The building shall meet the requirements of all state codes.
   c. The space occupied by the day care facility shall not be used for other purposes during the hours of child care, and it shall be physically separated from all other unrelated activities.
   d. No center shall be located in a private family residence unless that portion of the residence to which children have access is used exclusively for the children during the hours the center is in operation or is separate from the usual living quarters of the family.

2. **Design and Construction**
   a. Bare floors shall have a smooth, washable surface and shall be in sound condition and free from hazards. Carpeting shall be properly cleaned and maintained.
   b. Walls shall be constructed of smooth, cleanable material and be in sound condition.
   c. At least two exit doors shall be provided from each floor accesible to the children. These doors shall open in the direction of the exit.
   d. Exit doors shall be provided with panic release hardware.
   e. Stairways accessible to children shall be equipped with handrails within reach of the children and guards at the top of the stairway.
   f. An adequate number of fire extinguishers shall be mounted on walls.

3. **Heat, Light, Ventilation, and Plumbing**
   a. There shall be suitable housing which provides light, heat, ventilation, plumbing, garbage disposal, and rooms conforming in construction, safety, and sanitary precautions to the regulations of the state health department, industrial commission, and local fire, health, and safety regulations.

b. Areas used by the children shall be heated when the temperature falls below 68 degrees Fahrenheit, so a temperature of 68 to 72 degrees Fahrenheit is maintained within 2 feet of the floor. An adequate and safe cooling facility should be provided when temperature and humidity level become excessive for normal comfort.

c. Adjustable shades or curtains shall be provided and used for protection from glare and to promote an atmosphere conducive to sleep at nap time. When natural light is insufficient, artificial light, properly diffused and distributed should be provided so adequate light is available at all times in rooms, halls, and stairways.

d. All rooms shall be adequately ventilated, without drafts, by means of windows that can be opened or by an air-conditioning or ventilating system. Safeguards to prevent children from falling from window openings shall be provided.

e. Safeguards to prevent children from entering unsafe or unsupervised areas shall be provided.

f. All windows, doors, and ventilators shall remain closed unless protected against insects with securely fastened screening, as the season requires.

g. An adequate water supply of a safe, sanitary quality shall be obtained from a water source or system approved by the state board of health.

h. Temperatures of hot water in plumbing fixtures used by the toddler shall be automatically regulated by control valves and shall not exceed 110 degrees Fahrenheit.

i. Radiators, registers, steam and hot water pipes, and electrical outlets shall have protective covering or insulation for the protection of toddlers.

j. Floor furnaces, open grate gas heaters, open fireplaces, electric heaters, or other portable heaters shall not be used by the center to heat space used by children unless adequately screened.

k. Combustion space heaters shall not be used.

l. Individual, single service cups shall be provided in a sanitary dispenser and used only once.

m. Drinking fountains, if used, shall be of the sanitary type with guarded angular stream drinking fountain head. The fountains shall be so constructed and located as to be accessible for use by the children at all times.

n. The center shall provide inside toilet rooms equipped with flush toilets and with securely fastened and supported wash basins with hot and cold running water.
   (1) Toilet rooms shall be located on the same floor as inside play areas and in close proximity to inside and outdoor play areas.
   (2) The center shall provide a minimum of one (1) flush toilet for each fifteen (15) children and staff who are using the facilities.
   (3) A sturdy changing table for children in diapers shall be provided. It should be of appropriate height, easily cleaned, and provided with disposable paper sheeting.
   (4) Nursery seats and steps or platforms shall be provided for the use of small children if child-sized toilets and wash basins are not available to encourage self-help and independence.
   (5) When new equipment is being installed, child-sized toilets with open-front seats and child-level wash basins should be used.
   (6) Toilet rooms shall be scrubbed and disinfected daily.

4. **Maintenance and Safety**
   a. All rooms, premises, and furniture shall be kept in a clean, neat condition and shall be in good repair at all times.
   b. Rooms shall not be cleaned while occupied by children. Dry sweeping and dry dusting shall be prohibited.
   c. All garbage and trash shall be kept in tight, easily cleanable receptacles which are covered with close fitting lids until removed from the premises and it shall be removed as frequently as necessary.
   d. All equipment such as fire extinguishers, furnace rooms, wiring, gas equipment, appliances, fire escapes, exit signs, and storage of flammable materials shall be determined and approved by the local fire department or state industrial commission.
   e. Fire hazards and combustible material such as paper, rags, and excelsior shall be disposed of promptly.
   f. All corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing can, and any substance which may be toxic to a child if ingested, inhaled, or handled (skin contact) shall be stored in a

locked cabinet and in an enclosure located in an area not accessible to children.

g. Hazardous items such as plastic bags and sharp tools or instruments shall not be in an area accessible to children.

h. Medications shall be stored in a separate, locked cabinet above the height that a child can easily reach.

   (1) Surfaces or items that toddlers come in contact with shall not be painted with paint containing lead. This includes outer surfaces of buildings, fences and play equipment.

   (2) All areas, surfaces, and items with which toddlers may come in contact shall be free of any residual pesticides.

i. Rooms used by the toddlers shall be protected from hazards such as faulty electrical outlets, any glass items which may be broken, and elevators or other vertical shafts.

j. Premises shall be free of all safety hazards such as old refrigerators with doors, cisterns, grease traps, unsafe fences (one in which toddlers can be caught or strangled), unsafely constructed or worn and hazardous play equipment, and so forth.

k. The premises shall be free of stray animals which may cause injury or disease to the children.

l. All outside windows and doors shall be equipped with screens or guards which shall be attached in such a way that they may either be removed from the outside or broken in from the outside in case of fire.

m. All gas equipment and appliances in the building occupied by the day care center shall comply with the standards of the American Gas Association code. The rules and regulations on liquified petroleum gas of the state fire marshal shall be complied with.

n. All flammable liquids shall be kept in tightly closed or sealed containers when not in use, shall be stored on the premises only in such quantities and in such rooms as are approved by the state fire marshal, and shall not be accessible to children at any time.

5. **Office Space**

   a. Office space separated from the areas used by the toddlers shall be provided for interviewing, conferences, and making and keeping records.

   b. Space and equipment shall be adequate for the administrative and staff needs of the center.

c. The center shall be equipped with telephone service.
d. A rest area shall be provided for center staff.
e. Sufficient storage space for clothes and other items shall be provided.
f. Cribs with a firm comfortable mattress and heavy plastic mattress cover shall be spaced at least 3 feet apart on all sides, except where they touch the wall. Aisles between cribs are to be kept clear of all obstructions while cribs are occupied.
g. Any room having five or more children shall have two exits.
h. Convenient and adequate storage space shall be provided for both indoor and outdoor play equipment and materials.
i. There shall be a "separation area" equipped with one crib for every 20 or fewer children in a separate room.

7. **Outdoor Space**
    a. The center facilities shall have access to an outdoor play area of 75 square feet for each toddler using the area at any time.
    b. The play area shall be protected, well maintained, and free from hazards which might be dangerous to the health or life of the children.
    c. No permanent wading or swimming pool shall be permitted. Only small inflatable wading pools, under close, constant supervision, shall be used. A water temperature of not less than 60°F shall be maintained. Pools shall be emptied and [illegible] to storage after each use.
    d. All parts of the play area shall be visible and easily supervised.
    e. Provision shall be made for both sunny and shady areas in the outdoor area.

8. **Equipment**
    a. Equipment, materials, and furnishings shall be provided for both indoor and outdoor play that are sufficiently varied, age related, and adequate to meet the developmental needs of the children.
    b. Clean covering sufficient to maintain comfort during nap and sleeping time shall be provided by the nursery or the parents.
    c. Equipment, materials, and furnishings of the center shall be of sturdy, safe construction, easy to clean, and free from hazards.

Mr. **Johnson**. Mr. Scales.

Mr. **Scales**. Doctor, I want to pursue with you the business of the State role. If you were here earlier you may have heard testimony concerned with giving States too much control over the program.

Do you feel that perhaps this bill goes a little bit too much the other way, that there are a number of things that States can do, and indeed some States already do in this area. And those resources should be tapped.

You mentioned licensing and consultation. I want to pursue with you a number of other possibilities. Would you think that the States might be useful in providing technical assistance to help communities set up councils? That is at the request of community groups not mandatory on the legal level?

Dr. **Forysth**. I think the philosophy that is being espoused in the States not performing be assisted to perform up to a predetermined level not isolated from the program. Because whether the State is isolated, the other programs that must be coordinated, somehow the points never seem to come together and we are concerned that rather than have this situation developed we will bring the State into the program.

As far as providing the technical assistance, I think the State should either provide or make available, not from their own personnel, but it's quite possible to hire a consultant from some other location from moneys provided to the locality. And if the State felt they needed to get more control in this area they could set general standards for consultants, if they had to.

But perhaps not provide the personnel directly.

Mr. **Scales**. Doesn't this relate to the point Mr. Johnson made that you made in response to his question about the health aspect and the State agency level and that the key to coordinating that at the local level should be some involvement of a State agency.

Dr. **Forsyth**. Conceivably there could be involvement but I don't think it's necessary and I think it's an expensive way to do it. I think really if you are going to have the grants and the money run directly from the Federal Government to the local area, the coordination at the State level is with other State programs not between the day care centers.

That is a Federal responsibility as I see it in this bill. The State is primarily going to help this program mesh with other State services to conserve resources in the State.

Mr. **Scales**. Correct. What I was suggesting is at the community level. There may be State expertise that the community may wish to call on.

Dr. **Forsyth**. Well, in the communities that I am familiar with where there is State expertise, generally it's part of the Community Planning Council and it's called in. I haven't seen a need to legislate this. If there was something to be offered, most communities would seek it.

Mr. **Scales**. I recall that Governor Rockefeller, I think about a year and a half ago, perhaps a year ago, issued a statement calling upon State agencies to look at their facilities to determine the extent to which facilities might be used for child care programs in times when they weren't being used for the internal purpose.

Do you think this approach should be encouraged either legislatively or otherwise in terms of encouraging States to make, all the States to make that kind of inventory. Requiring them to make them or requring them to make facilities available, no, but alerting them to the possibilities there?

Dr. Forsyth. We have hoped wherever possible day care centers would be built adjacent to schools or other public facilities for this reason. We felt a way to implement this was through the grant process where one of the requirements of the grants would be to state how it would be accomplished or how it would mesh. Because the school boards are reluctant to make available their facilities simply because the school bus wears out mile by mile and they want reimbursement.

I think if it's set up that it must be clarified, I think the communities would fall in here.

Mr. Johnson. It's my understanding that last year in consideration of the Federal Child Care Corporation bill introduced by Senator Long, the Academy sent a letter which raised reservations about that approach to the provision of day care services.

Are you familiar with that bill at all and, if so, could you summarize your concern about it?

Dr. Forsyth. I am familiar with parts of it. Let's see what you have in mind.

Our concern there was the preempting of State standards and going into the State localities and not mandating quality day care would result in custodial day care which, of course, is something we cannot possibly be in favor of.

The academy wanted to have assurance that quality day care would be written into the standards and we did not see it in the Long bill.

Mr. Johnson. You were concerned about various aspects of that. Would you submit for the record a copy of the letter?

Dr. Forsyth. Yes; and we will send an amplification of this.

(The information subsequently supplied follows:)

American Academy of Pediatrics

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WASHINGTON OFFICE
GEORGE K. DEGNON, DIRECTOR

December 18, 1970

Honorable Russell B. Long
Chairman, Finance Committee
United States Senate
Washington, D.C. 20510

Dear Senator Long:

The American Academy of Pediatrics, the national organization of board certified pediatricians, wishes to express its concern with S. 4101, establishing a Federal Child Care Corporation. This bill, one of the amendments to the Social Security Act reported out by the Senate Finance Committee, would create Title XX of the Social Security Act.

The Academy is gravely concerned with that Section of this bill which establishes federal child care standards. The minimal standards prescribed in this legislation will result in mere custodial care programs, and will severely neglect intellectual, social, and emotional developmental needs of children. Because S. 4101 further provides that state and local licensing and similar requirements would be superceded, much of the constructive work and planning done at state and local levels to enhance the quality of child care programs would be negated. Health services are an integral part of child care and provisions for an adequate health program are needed.

This bill attempts to overcome financial barriers associated with the establishment of child care centers. Although there is a need for such funding, the primary intent of this proposal is to help more mothers find gainful employment. It is our opinion that this objective is being achieved at the expense of the child. Adequate provisions do not exist in the bill to assure that high quality child care programs will be established to meet the developmental needs of children.

The primary purpose of day care should be to offer a sound basis for learning and further development of the child and to support and encourage the mother in her efforts to care for her child. Consequently, the Academy would urge that the provisions of S. 4101 be deleted from the Social Security Amendments this year.

Sincerely yours,

/S/ Robert G. Frazier

Robert G. Frazier, M.D.
Executive Director

RGF/mip

Mr. JOHNSON. My second question concerns your comments on training. As you may know this bill provides no funds in the first year for actual operation of the new programs but simply $25 million for training, planning, and provision of technical assistance.

Do you think that with that kind of year's leadtime for training and retraining a program of this size becomes realistic?

Dr. FORSYTH. In the sense this is money that is like planning for planning money which seemed not to be too effectively used in many areas.

It would seem to me with the type of people we are concerned with, the professionals in need of retraining for day care and the unskilled there should be a training situation fairly concrete to relate to. I think to structure university courses or high school courses or even night school courses for a proposed day-care center when many people don't know what day-care centers are, is to build in the academic rigidity, then we want to avoid that.

Mr. JOHNSON. This year's leadtime for training was built into the bill because of suggestions that we lack adequate staff to operate this program. One possibility would be to build these training programs in relation to the existing Headstart programs or other programs in operation so we might have some of the concrete inservice elements that you are speaking of in that leadtime period.

Dr. FORSYTH. I think that once a day-care center council gets going and asks where they can go to see a day-care center than the funds for travel and training should be there. The form is already in the skeletal form.

To anticipate their demands might be to mold a program rigidly.

Mr. JOHNSON. My last question concerns your comment on page 5 regarding the private sector in day-care services. You express concern about that and I wonder if you think this bill has enough safeguards.

My understanding of the way the bill would operate is this: Any provider of services, whether it's an organization in business for profit, whether it's a group of mothers, a Headstart program or public school or any provider, would be eligible to apply.

The application would first have to be approved by the local policy council which is composed of people elected by parents, and then by the child development council at the intermediate level which involves parents and professionals. Do you think that two-stage checkoff provides sufficient safeguards against private concerns which might cause damage?

Dr. FORSYTH. I think the real safeguards against the private corporation which wishes to establish custodial care is in the standards promulgated, and in the degree to which the grantee could follow the standards. To me there are, at the local levels, ways to accomplish an end and I think you can never have protection against this. Once the program gets going and parents understand the value of it and parent councils are working, I don't think there would be a problem.

In the beginning your three-step program probably is necessary and would help. The ultimate strength would be the licensure standards.

Mr. JOHNSON. One other question. Would you care to comment on the voucher idea that was discussed by some of the Senators today? What do you think that is?

Dr. FORSYTH. I am afraid not. We can send a comment from the academy on it but at this point, no. I would like to make one other point: that is the question of fire safety always a problem in facilities.

We see it in health facility construction where actually it has held up the development of migrant clinics, which often start on a shoestring.

I think to mandate fire safety in new construction is probably essential but we should rely on other methods of fire protection for small existing structures.

Mr. JOHNSON. I don't think we have any more questions. On behalf of the subcommittee we want to thank you very much.

Dr. FORSYTHE. Thank you.

(Whereupon, at 12:35 p.m., the hearing was adjourned.)

COMPREHENSIVE CHILD DEVELOPMENT ACT OF 1971

WEDNESDAY, MAY 26, 1971

U.S. Senate, Subcommittee on Employment, Manpower, and Poverty and the Subcommittee on Children and Youth of the Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittees met, pursuant to recess, at 10 a.m., in room 1318, New Senate Office Building, Senator Walter F. Mondale (Chairman of the Subcommittee on Children and Youth) presiding.

Present: Senator Mondale.

Committee staff members present: A. Sidney Johnson III, professional staff member, and John K. Scales, minority counsel.

Senator Mondale. The meeting will come to order. Senator Packwood has asked me to express his sincere regrets at not being able to attend today's hearing due to other commitments made prior to the scheduling of these hearings.

We are very pleased to have as our leadoff witness a Senator who demonstrates concern about the early childhood problems in this country, Senator Birch Bayh of Indiana.

He is a cosponsor of S. 1512, and he has introduced his own measure, S. 530. In addition to his efforts, his wife has shown a great deal of interest in this same problem, and she has visited and made comments upon early childhood efforts, both in the United States and in international areas.

We are glad to have Senator Bayh with us.

Senator Bayh. Mr. Chairman, I am very happy to have a chance to appear before your committee, and I take the liberty in saying our committee.

It has been my good fortune to serve following your leadership.

I would like, if I might, to ask unanimous consent to have my full statement submitted in the record, as though read.

Senator Mondale. Without objection, your statement is made a part of the record at the end of your testimony.

STATEMENT OF HON. BIRCH BAYH, A U.S. SENATOR FROM THE STATE OF INDIANA

Senator Bayh. Mr. Chairman, because of the mixup in my schedule, I find at this particular moment, I am also supposed to be presiding over the Juvenile Delinquency Subcommittee.

With that, I will not testify at length.

I would like to just take 60 seconds to express my appreciation to the chairman, for the recognition of the vital nature of this problem, and to thank him for cosponsoring this leading piece of legislation which has been introduced, and also to express my appreciation for your joining with me on the other measure.

This is a matter which has been involving, and I think a fair assessment can be made where a conclusion can be reached, that over the last 6 months, and probably to a greater degree of evolution in this area, than in any previous period in our history, the greater awareness seems to be recognizing that dramatic steps need to be taken in child development, preschool child development.

Headstart has been a magnificent lesson, a lesson hopefully which will show us we can do even more, in acquiring greater results if we start earlier.

This is the area where the faint of heart has no place, because, Mr. Chairman, it will require a significant contribution.

Perhaps I should say a significant investment, because for those who have human blood in their veins, they cannot overlook this matter.

I think this whole program of child development, and I prefer the description of the effort as child development and not child care, because the stereotype is there, but this is an area where we get a greater return for the investment, for those we are looking for the return on the investment than any other.

Mr. Chairman, that concludes my testimony.

Senator MONDALE. I appreciate your statement. I intend to place your prepared statement, if you have no objection, in the Congressional Record, so that others may read it.

There are many key questions here. The central one will prove to be the question of money.

I think there is a rather broad agreement, at least in the Labor Committee, that this has to be comprehensive child development care, based on human principles, not just a cold custodial warehouse into which children are stacked during the day in order to get them out of the world.

In order to get this on a national basis, it seems to me a minimum of $7 billion a year will be needed, once we build into a full program.

Do you have any doubt that a spending of that magnitude will be needed, and do you feel that is a necessary expenditure?

Senator BAYH. I would think by the time the program is fully funded, and implemented, that that is a ballpark estimate.

The bill that we introduced last year, started with a $2 billion, moved to $4, and then to $6 billion in 3 years.

It is reasonable to assume that although at that time, everybody had the apoplexy of thinking in those terms, that an additional billion dollars could be utilized.

I might call attention to one specific step that I think perhaps could be implemented immediately, it is just a small step in my judgment, and that is the Federal funding of kindergarten, of that program.

I wish it possible, and I hope through your leadership and cooperation of others, we can put down a full program, starting say from age 3, or whatever the age the committee might find in the studies to be acceptable, and put it all into operation at the same time.

If that is not possible, then I think to take it step by step is the best way to go, but I think if we are limited, we will have less returns.

We have had too many one-shot, short-sighted, limited in scope efforts, well intentioned, but doomed to failure from the beginning.

Headstart is perhaps as good an example as I can find. I say it has been a failure, not because Headstart has been a failure, but because Headstart has not recognized its full potential, and how the administration can feel you can really keep faith with Headstart and recomment appropriation levels of the 1970 level, you might as well let it die in its crib.

Senator Mondale. Yesterday, if I understood correctly, we voted, what probably amounts to at least a half billion dollars to pay poor children to go into combat and risk their lives.

I voted against that, because I thought it was blood money, and I think only poor kids can see that as an exciting alternative. Yet, here we are today 6 years after Headstart started, spending only $360 million for all of the preschool developmental systems for all of the children of this country. I do not know how many times we fought in the Senate for decent appropriations. Yesterday, Mrs. Marian Wright Edelman presented a figure that pretty well sums up the way we understand these human programs. You may want to use this figure. I know you get around the country quite a bit these days.

Senator Bayh. Mr. Chairman, I will be happy to.

Senator Mondale For all programs for children and youth in this country, aged 21 years and under, we spend 10 percent of the Federal budget, or 2 percent of the gross national product, while they make up almost 40 percent of the Nation's population, and 100 percent of our future.

You can use that

Senator Bayh. I will be glad to.

The point you mentioned is very similar to the point we are going to discuss as soon as I leave, where we do a great deal of talking about problems of our children.

We love them, and indeed we do. We do a great deal of talking about the problems of law and order, and it is interesting to see how the neglect of one leads to the compounding of the other, and yet, despite dramatic figures on the proper relationship, we are not doing anything about it.

I want to go up and talk to the administration about what we are doing in the area of juvenile delinquency.

I do not blame them alone, but 55 percent of all crimes committed in the United States are committed by those old enough to vote, but in their teens By those under the age of 20, we have 55 percent of the crime, yet we are sending back to the local communities between 11 to 14 percent to dealing with the juvenile crime problem, and I think if we can invest, looking from a very hard point of view, which is difficult for me to do, but if we can invest the kind of funds you are talking about in a comprehensive all-out program, education, health, nutrition, parental guidance, trying to do something about environment degradation, if we can do this, and we do not have faint heart, I think we can have a most dramatic effect and that is more than anything else you can think of.

Senator Mondale. I could not agree with you more.

If we do not do it, we are going to see all of the worst predictions of the Kerner Commission come true. We are right now well on our way to developing a separate culture in American life—totally disadvantaged, frustrated, and alienated Americans.

I thank you for your most useful statement and for your leadership in this field.

Senator Bayh. Thank you very much, Mr. Chairman.

(The prepared statement of Senator Bayh follows:)

Prepared Statement of Hon. Birch Bayh, a U.S. Senator From the State of Indiana

I am pleased to be here today to testify on so vitally an important matter as the care and development of our nation's children.

As a co-sponsor of the bill before you, S. 1512, I have been pleased to note the continuing interest in child care of the kind we have come to think of as the real "minimum"—child care which must be comprehensive.

I am also encouraged to note the frequent references in the Senate and in the House of Representatives to the next step for child care—making comprehensive services available to all who need or require them, making child care "universal."

Most American parents seem to realize that someday their children will pass judgment on the care, love and education they have been given. Why is it that America has not yet realized that the future will pass judgment on the care and love and education we give all our children?

I do know that the work of these subcommittees, and the work we do here today are helping to move us to a recognition of this need.

One of the things that strikes me is the common concern and agreement in most of the conversation and legislation about child care.

The issues now are very different than they were two years ago, when S. 2060 was introduced by Senator Mondale and others.

At that time, there was still great disagreement about the need for the "ten essentials," all of which are included in S. 1512 and in great part included in S. 530, the Universal Child Care and Child Development Act of 1971 introduced by me on February 2 of this year.

I was pleased to be joined in sponsorship of S. 530 by you, Mr. Chairman, and our distinguished colleague, Senator Hart.

A companion bill, H.R. 4369, was introduced in the House by Congressman Helstoski on February 17th.

I would like to briefly comment on each of these ten essentials, not only from my vantage point as a co-sponsor of S. 1512, but also from the point of view of S. 530.

We should also be aware of the hearings taking place on H.R. 6748 introduced by my colleague, Mr. Brademas of Indiana, and others.

The bill recently introduced by Representatives Abzug and Chisholm, H.R. 8402, also merits our serious attention.

The Abzug-Chisholm bill represents a further step towards both comprehensive and universally-available child care than either S. 1512 or S. 530.

Perhaps this is because Representative Abzug had the opportunity to hold hearings on child care needs in her District, and felt the sense of urgency,particularly on the part of women, for child care now.

Perhaps the bill is as helpful as it is because it alone has the uniquely qualified contribution of Representative Chisholm herself a former day care teacher, director and consultant. Representative Chisholm may well be the only member of either body to have had this preparation for dealing with child care.

First, let me comment briefly on the ten essentials, beginning with comprehensiveness. These bills provide for services that go beyond the mere caretaker approach, and provide that child care provided by this bill will be of the sort we think of when we think of Headstart.

Those are services designed to meet the needs of children and families, that include educational, nutritional, social and health services.

Those are services of high quality, and that meet the kind of requirements, such as the Federal Interagency Day Care Requirements, that make sure we do not unintentionally harm the children we wish to help.

Second, S. 1512 as well as S. 530, call for local flexibility, a feature shared by the bill you and I, Mr. Chairman, co-sponsored earlier this year, and other proposals as well.

Where local conditions and local people decide, the programs must work better. A 24-hour center makes sense in New York City, but probably doesn't make sense in rural Indiana.

Third, it is necessary to set priorities for the economically disadvantaged. While I do not believe that it is right or necessary to force mothers to take jobs in order to be eligible for child care, I think that enough of the funds should be reserved so that as many people as possible can use child care services to move toward being self-supporting.

At the same time, all of us are aware of the budget constraints being felt—even by the "middle class"—as our economy continues to reel under the impact of this recession.

Sheer necessity has forced many single parents and two-parent, low income families to turn to day care for their pre-school and school age children.

In the bill, therefore, a significant portion of the funds are reserved for this sort of potentially disadvantaged family unit.

Fourth, the bills recognize that there are other children, who in fairness and from other kinds of needs, should have child care services, and that they should have child care services, and that they should have an opportunity to be with children of other backgrounds.

Where possible, these parents will pay fees on a sliding scale for services. In the process, we should avoid the establishment of a two-class child care system.

If more parents had access to child care now, on a partially-subsidized basis, we would have more high-quality, well-staffed child care services that were not limited to the affluent minority that can afford their full cost.

If advantaged children require good services, how much more are they required for the disadvantaged?

One way to encourage a high level, uniform quality of service is to make sure that there are no early childhood equivalents of the two-class social services that are all too common today.

Fifth, S. 1512 addresses itself to the particular needs of minority, Indian, migrant, and bilingual children, and not just because these children are more often in poverty and more likely to require child care services. This focus is in response to the growing frustration with current, inadequately financed programs for these groups.

Sixth, local governments will participate in this program.

In this regard, some of the language suggested by the Abzug-Chisholm bill may be instructive. They correctly point out that we have not taken sufficient notice of the need for child care services in small towns and in rural areas, and that merely by making it possible for States to operate programs, we are not sure the programs will be provided in the way local people desire.

Small towns and farming areas are as capable of managing their own affairs—perhaps more so—as people who live in larger towns.

Not only is there an unwillingness to recognize the needs and skills of those who live outside the large urban areas, there is a lack of familiarity with the already overloaded schedules of the States.

Few State governments have the extra time to take on the management of another Federally-designed and funded program. States want to be involved, but that does not mean that they have to operate programs.

The seventh essential, involving parents, families and communities, is probably the most difficult issue to resolve.

Since S. 1512 has been introduced as an amendment to the Economic Opportunity Act, the approach for involving local people follows the "community action" pattern.

In other child care legislation, slightly different approaches have been suggested. The Abzug-Chisholm approach is to utilize a two-third parent participation formula on the child development councils it would establish.

The approach I recommend in S. 530 features a "child service district" concept that, as I predicted when introducing the bill, has turned out to be its most controversial element.

Whatever road we take to real, full involvement at the local level by the children, the parents, and the community in decisions that affects them, it will be complex.

I predict that this feature, this "essential," will continue to be a problem as we consider child care legislation.

The fact that community control is the most controversial feature does not suggest we should in the least back away from community control—indeed, it may confirm that this is the very heart of a truly successful program.

The eighth essential, protecting current Headstart programs, involves more than protecting the funding. I believe that the reason we support Headstart so vigorously is that the program has features that make it a quality program, and that is why it is essential that in this and any other Federal legislation we be doubly aware of what can happen to these programs.

By protecting Headstart in the way outlined in S. 1512, we are assured that our intentions will not be misinterpreted. We know that these are expensive programs, because they are quality programs.

We also know that it is the shortage of funds, not the lack of public support, that has kept these programs so small.

We are unwilling to trade an expansion in the numbers of opportunities for children, or "slots," for the quality of opportunities. We know that if the Administration talks of funding 1972 Headstart or other "quality, comprehensive programs," at the same per-child costs as it expended in 1967, they are threatening Headstart as surely as if they vetoed the entire program.

It is the people who work with Headstart children that are essential; it is the number of adults, especially para-professionals, that are available that make Headstart unique.

It is that five to one ratio for three and four-year olds, and that seven to one ratio for four to six year-olds that has made Headstart different, and it is that ratio of adults to children as much as funds that we are determined to protect.

It is for this reason that S. 1512 speaks about "Federal Standards." We want to expand the numbers of children who are protected by Headstart-type standards.

We do not want there to be any misunderstanding about good facilities, and for that reason we have included a provision for a new, uniform code for facilities in S. 1512.

We have put it after standards because it is less important; Headstart would not be the same if it featured ratios common in non-Headstart programs (15-1 child-adult ratios and higher are the rule).

Overworked staff and neglected children do not fare very well, even in gleaming new child care warehouses.

Ninth, S. 1512 and the other bills agree on the need for training and technical assistance. Here, we mean a variety of help for all of those who need assistance in child care programs.

That includes public officials, various professionals, para-professionals and non-professionals who must gradually develop what Mrs. Elizabeth Gilkeson of Bank Street College describes as "a new educational institution which begins at birth."

That is what S. 1512 and the other child care legislation really is about: moving the nation toward a new, evolved educational institution that serves people better and begins earlier.

Tenth, S. 1512 calls for adequate funds. The precise amount of funds is not as important as the principle of sufficient funds to deliver quality programs.

We must remember that the testimony of last year on S. 1401, the Federal Child Care Corporation of Senator Long, put the cost for full-day child care services for pre-schoolers at more than $2,200 per year.

School age child care costs less; quality programs for very young children cost more. We are insisting that these dollar guidelines be observed, bearing in mind that programs will cost more than this in the largest cities and less in the lower-cost areas. The average will hold up, because comprehensive services are not cheap.

I believe that we should continue to keep our options open as more and more people are heard on child care. S. 1512 can profit from the suggestions of Representative Abzug, for instance, as she listed the major points of difference between her bill and that of Representative Brademas.

The Abzug-Chisholm bill provides:

1. Seed money grants to help community groups develop a program,
2. A career ladder structure for para-professionals;
3. Two-thirds parent representation on child development councils;
4. Sponsorship of programs by non-profit groups only;
5. 100 percent mortgage on estimated replacement cost of facilities;
6. An amendment prohibiting sex discrimination in the administration of the program.

I agree, and I sincerely hope that my colleagues in the Senate agree, with the intention of these six points, I trust, as work continues on developing child care legislation, that these points will be kept in mind with regard to S. 1512.

I would like to add one other voice, and one other final suggestion, before closing.

The White House Youth Conference task force on poverty in its report on pre-school education, supports S. 1512.

It calls for an increase in Headstart, commenting at the same time on the fact that it only reaches 15 percent of poor pre-schoolers.

The White House Conference report calls for an expanded day care program, which is comprehensive in nature and community controlled.

Finally, and I think we ought to consider adding this suggestion to our deliberations on S. 1512 and other child care bills, it suggests that public kindergartens be financed by the Federal Government and made a part of the public school system.

This recommendation deserves particular consideration in these times of financial crisis in the States and localities.

The United States Census Bureau estimates that there will be roughly three and a half million five-year olds ready for school next fall.

If, as part of our considerations, we could move those children into the schools and provide them with comprehensive services, we would have gone the first step toward comprehensive, universally-available child care.

The White House Conference suggestion would also have financial implications for the States and localities.

While I have many questions about what is usually described as revenue sharing and bloc grants, I have no objection to making kindergarten available to every American child.

If estimating costs very conservatively, we save the States and localities $500 per child, providing for Federal support of kindergartens could be the equivalent of $1.75 billion in fiscal relief.

If we made those kindergarten programs comprehensive, full-day programs, the savings to the States and localities could easily reach $3 billion.

I think we need to support good ideas, wherever we find them.

I think we ought to incorporate the best from child care legislation introduced in the House of Representatives; I think we ought to encourage this Administration to support and spend the funds necessary to do something, and to do something now to make life better during those "first five years of life"—and beyond.

STATEMENT OF MRS. MARY DUBLIN KEYSERLING, CONSULTING ECONOMIST, DIRECTOR, "WINDOWS ON DAY CARE" STUDY PROJECT AND FORMER DIRECTOR, WOMEN'S BUREAU, U.S. DEPARTMENT OF LABOR

Senator MONDALE. Our next witness is Mrs. Mary Dublin Keyserling, consulting economist, director of "Windows on Day Care" study project and former director of the Women's Bureau of the U.S. Department of Labor.

Mrs. Keyserling, we are very pleased to have you with us this morning.

We have seen your work, and we appreciate having you here.

Mrs. KEYSERLING. Thank you very much, Mr. Chairman.

I appreciate this opportunity to appear before your subcommittee today.

I am a consulting economist in private practice, as you noted, and from 1964 to January 1969 was the Director of the Women's Bureau of the U.S. Department of Labor.

For many years I have been actively concerned with the promotion of day-care services, especially for children of working mothers and economically disadvantaged youngsters.

Two organizations wish to join with me in this statement—the National Capital Area Day Care Association, on the board of which I serve; and the National Council of Jewish Women, for whom I am directing a study of child day care services in a large number of cities throughout the country, "Windows on Day Care."

We want to say, first, how glad we are that this important Subcommittee on Children and Youth has been established.

The unmet needs of our children constitute one of the most important challenges our Nation faces today. It is vital that these needs be met wisely on the basis of the intensive analysis their important challenges our Nation faces today. It is vital that these needs be met wisely on the basis of the intensive analysis their importance merits, and we are confident that the studies and recommendations of the subcommittee will make a signal contribution.

We were especially heartened by the chairman's announcement, the day he was appointed, that the subcommittee will look at the needs of the whole child and emphasize the development of comprehensive and coordinated early childhood services and programs, because of the critical nature of the first 5 years of life.

It is to these special needs we wish to speak today.

As a society, we have, for all too long, given little more than lip service to these needs, meeting only a tiny, fractional part of them.

Literally millions of our little children suffer unconscionable harm due to the acute shortage of child development services.

Many millions more, while cared for, if mere custodial care can be so described, are denied the opportunity to realize their potentials because they lack the developmental opportunities which should be the birthright of every child.

Two groups of children are in especially urgent need of developmental day care programs.

In order of numerical magnitude, the first is comprised of children of employed mothers who cannot arrange for satisfactory care for them at home.

The second group of children are those whose mothers are economically disadvantaged, who are not now working, and who are unable to provide their children the kind of preschool care which would give them an equal start with others. I would like, if I may, to summarize what I believe to be the magnitude of the day care needs of these two groups of children.

Mr. Chairman, the first part of my testimony will deal with the magnitude of need, because I think this is so relevant to the nature of the programs.

One of the most dramatic social changes of the past few decades has been the very rapid increase in the employment of women.

Today, more than 32 million of our women are in the labor force. While the number of all working women has increased about two-and-a-half fold since 1940, the number of working mothers has increased about eightfold.

The number of employed mothers now exceeds 12 million. More than half of all mothers with children aged 6 to 17 are jobholders. About one-third of all mothers with children under the age of 6, totaling over 4½ million women, are workers, and are faced while they are away from home with the difficult problem of obtaining adequate care for their children.

Most working mothers seek jobs for compelling economic reasons.

There are now over 6 million children under the age of six, whose mothers are in the labor force. What do we know about the care these children receive when their mothers are away from home?

That a large proportion of these children are inadequately cared for when their mothers are at work was clearly revealed by a survey made several years ago by the Women's Bureau, which I was then privileged to head, and the Children's Bureau.

It revealed that of all the children under the age of six, covered by the survey, nearly half were cared for in their own homes.

Home care may often be very good. In many cases it may be very poor.

I am now directing a study of day care in over 80 cities for the National Council of Jewish Women. Many hundreds of able women volunteers have visited a large number of day care centers and family day care homes, interviewed mothers and many other people in their communities most knowledgeable about day care needs and services.

Their reports provide an invaluable source of current information.

Findings will be presented later this year in a report to be entitled, "Windows on Day Care."

Our analysis of all the material received is not yet complete, but we have summarized information for a preliminary and representative group of cities. Working mothers interviewed in these areas reported a far greater degree of dissatisfaction with care of children in their own homes than in day care homes or centers.

The Government study that I referred to earlier indicated that fathers provided about 30 percent of all home care. Can the many fathers who work at night, and try to sleep during the day, provide developmental care for small children?

In many families, siblings were responsible for children only a little younger than themselves.

Our councilwomen reported many 8- and 9-year olds kept from school to look after younger brothers and sisters. Few mothers who depend on maids or babysitters in the home can afford to pay enough to obtain well-trained household helpers skilled in child care. It is therefore not surprising that so many mothers were dissatisfied with this type of child care service.

The Women's Bureau-Children's Bureau study reported that 18,000 children under the age of six were latch-key kids on their own. I believe this is an underestimate. Few mothers will answer, when asked by a census taker, that they were totally unable to make any arrangements whatsoever for child care. There should not be a single little child in America left alone to fend for himself.

Nearly a third of the preschool children within the scope of the two-Bureau study were cared for in homes other than their own.

Councilwomen and many others have told us that the overwhelming majority of children in day care homes receive custodial care only.

Some of the day care homes councilwomen described were unbelievably bad. Let me cite one example: A day care home licensed to care for no more than six children. In it were found 47 children cared for by the day care mother without any assistance

Eight infants were tied to cribs, toddlers were tied to chairs, and 3-, 4-, and 5-year olds coped as best they could.

The fault does not necessarily lie with licensing officials, most of whom carry loads far too heavy to permit adequate inspection and enforcement.

And there are more unlicensed homes in the country than licensed. By failing to see that sufficient sums are appropriated to make licensing meaningful, concerned citizens must bear the blame.

And the sums available today for the training of day care mothers are negligible.

How badly training is needed. Here is a report on an interview with one day care mother whose name I regret to say is legion.

"We don't need toys. Just books to teach about God and respect." She said she had had paper for coloring, but "it got tore up." She said she "counted on the Lord to help her teach the children the right way with the help of a switch"—3 year olds! Developmental care, that.

According to the Government study, to which I referred earlier, 15 percent of all under sixer's went with their mothers to their places of work.

Experience in the early years has profound and irreversible effects. A large part of intelligence and behavior patterns is developed then. Will a child playing on the floor of a back room of a dry cleaning establishment have much opportunity to realize his or her potential?

What is the price we pay as a society for the vast amount of child neglect we now take for granted?

Finally, according to the Government study, only 6 percent of the preschool children of working mothers were cared for in group centers. This survey does not tell us what proportion of these children received good, bad or indifferent care.

Reports of National Council interviews indicate that, on the whole, mothers are more satisfied with center care when it is good and when it is nereby, than with other types of service.

Many centers visited by Council women were excellent. But some were heartbreakingly bad. Let me cite from a few reports:

A center was visited in a large southern city. Said the volunteers:

> This is an abominable center. In charge were several untrained high school girls. No adults were present. There were no decent toys. It was very crowded. Rat holes were clearly visible. While we were there we saw every child's face washed with one cloth. To keep discipline the children were not allowed to talk. This mass custodial center could not have been much worse.

Here is another account of a center in a northern city:

> This center should be closed. It was absolutely filthy—Broken equipment—Broken windows—Two children, aged ten and twelve, were in charge. The kitchen was very dirty.

Another excerpt:

> Very poor basement dark room. All ages together. Rigid control and discipline. Run down equipment. Babies are kept next door in double decker cardboard cribs in a small room with an open gas heater.

This, said the reporter, is—

> A sad case of inhumane dehumanizing of kids by an owner who makes plenty of money.

It was not proprietary centers alone that came in for criticism. Any reporter can go into any city in America and come up with shocking accounts of so-called "care" in centers of every type.

In 1965, the year covered in the Government study to which I have referred, about 250,000 children were cared for in licensed day care homes and centers.

Since 1965, the number has increased by about 400,000 to 650,000 children now in licensed facilities.

Despite this increase, I believe the shortage of licensed facilities for the children of working mothers is considerably more acute today than it was 5 years ago.

First, the number of children under the age of 6 with working mothers has risen more than 800,000 since 1965.

Secondly, the care of a large percentage of the 400,000 additional children now in licensed homes has been subsidized by public funds and hence they are largely children in poor families. This is as it should be. Theirs is the highest priority. But the children of working mothers should have a high priority too.

Only a relatively small proportion of families with two working parents are eligible for subsidized care. In 1969, in families in which both the husband and wife were earners, only 2.5 percent had family incomes of less than $3,000.

Another 6 percent had incomes between $3,000 and $5,000, and some of these families, in some cities, would be denied subsidized day care as being over the maximum specified income eligibility level.

So you can see that a working wife is the best cure we have yet devised for eliminating poverty. It does not help very much with day care.

Subsidized day care does assist a considerable number of low income mothers without husbands.

About half of these women who had children under 6 years of age, had money incomes in 1969 below $3,000. Another 30 percent had incomes between $3,000 and $5,000.

I regret the figures I have used for the two-parent families relate to money income for the families without reference to the age of the children. Figures showing money income of the family by whether the wife works or not, and by age of children are not available. They should be. I am trying to persuade the Department of Labor to pull these our of basic census data. Inasmuch as your committee needs these figures, I hope you will also request them.

Senator **Mondale**. We will write to them and ask them for the data.

Maybe they can pull it out for us.

Mrs. **Keyserling**. If you take families with 2 parents and with young children, the concentration at the lower reaches of the income scale will be a little higher than for all families, because they will be younger families.

The majority of all working women with preschool children are not poor enough to be able to obtain subsidized day care and are not rich enough to pay the full cost of quality day care which now runs between $2,000 and $3,000 a year per child.

It is these women especially who face a growing day care shortage. Many of them are turning to inferior care, much of which is unlicensed.

Need is not only a matter of how many places there are, but also how adequate the places are, how much they cost, and how accessible they are.

And what, I might add, of good infant care? It is extremely expensive, it is much needed and is virtually nonexistent. Care at nighttime and on weekends when many mothers have to work, is almost impossible to come by.

Now, to turn to the second group of children no less urgently in need of good day care—those children in poverty who are economically, educationally, and physically seriously disadvantaged.

There is some overlap, of course, with the first group I have considered. Many low income mothers give their children excellent care; many cannot.

Today there are about 3½ million children under the age of 6 in families below the poverty line.

I might note that this number was down to 3.2 million in 1969, representing a cut of about half in the number of children in poverty between 1959 and 1969, but last year due to the recession, the number increased, and is now, as I have said fairly close to three and a half million.

How many of these children would benefit by good day care, part or full day, we do not know.

But we do know that only a small proportion now receive it. Their care requires public outlays and the amounts being made available are tragically small, not much more than $200 million of Federal funds.

It is very hard to come by these figures. Perhaps the committee could also be helpful in extracting them.

In all there are some 60 or more Federal programs which help to fund day care, almost entirely for disadvantaged children.

In addition, State and local public and privately contributed money is available.

It has been estimated that in 1969, there were about 200,000 children in poverty or near poverty in wholly or partially subsidized, day care homes and centers.

The number, according to many knowledgeable people interviewed in different parts of the country, should have been as much as 10 times higher. And, I think this is a modest estimate.

In addition to children of working mothers and children in especially deprived homes in which the mother does not work, there are many others whose need for day care presents a compelling challenge.

A day care center with specially trained staff can give tremendous help to the retarded and others with special needs.

There are many mothers who are studying or in work training or whose volunteer services in the community make a vital contribution who would greatly welcome part time day care for their children. In need of good day care are all the additional children whose parents desire it for them and at a price they can afford.

The overall unmet need for good day care is huge. In city after city where the volunteer participants in our "Widows on Day Care" study project interviewed people in their communities best informed about day care needs, they were told that a ten or more fold increase in quality day care services would be a reasonable short term target.

My own experience convinces me we should set a goal for the provision over the next five years of developmental day care services for at least two million additional children merely to catch up with the most urgent part of current backlog.

I am not saying we should expand quality day care facilities only by 2 million.

It should be more than that.

That figure takes into consideration the existing limitations in the number of trained personnel and physical facilities.

It will take time and money to expand both.

The care of at lest half of these additional children should be fully subsidized and the rest partially subsidized, with fees charged according to income.

And the 2 million figure does not take into account the likelihood of a rapid rate of increase in the number of children needing good day care in the decade of the seventies.

How many additional children must be factored into the need picture in the immediate years ahead?

If the number of working mothers rises as rapidly, between 1970 and 1980 as in the preceding decade, we will have close to 2 million additional working mothers of about 2½ million more preschool children by the end of the decade.

But my own guess is that there will be a faster rate of increase in the labor force participation rates of mothers in these years ahead.

In 1960, one out of five mothers of preschool children were in the labor force. Today nearly one out of three are workers. It is difficult to estimate how much faster the rates may rise in the next 10 years.

We will certainly open up far more training and work opportunities for welfare mothers who want them.

Some 800,000 mothers with at least one child under the age of 6 now receive public assistance. That a majority of these women would elect to work if appropriate employment and day care services were available, is documented by a number of studies.

One, for example, a survey of welfare families in New York City, that six out of 10 welfare mothers would prefer to work, provided their children were adequately cared for.

Another factor which may accelerate the rate of increase in the labor force participation of mothers with young children is that, unless their husbands have relatively high incomes, those above the poverty line are more apt to work than those below it. And we shall undoubtedly expand the war on poverty and reduce still further the proportion of our families at the lowest income levels.

Still another factor is the desire of an ever-increasing proportion of young women to contribute not only as wives and mothers but as jobholders and volunteers.

Their abilities are needed. Price rises have increased women's incentive to add to family income.

So too has increasing educational advantage; the higher the education of women, the more likely are they to be active participants in society.

And it is to be expected that these opportunities will continue to open up to women on an expanding scale.

I have outlined this picture of need, as we see it, to indicate why we believe that Federal funds for the expansion of comprehensive child development programs are necessary on a far greater scale than are presently available.

S. 1512, introduced by Senator Mondale and co-sponsored by 29 other Senators, does, we believe, set realistic targets in proposing appropriations of $2 billion for fiscal year 1973, $4 billion for fiscal 1974, and $7 billion for fiscal 1975.

We strongly endorse them.

We would like to comment on some of the other aspects of this proposal.

1. We would hope that the large scale authorization of funds would not be delayed until 1973.

Appropriations would be needed for fiscal 1972, were the bill to be enacted, to help us tool up for the actual provision of services on a larger scale in the succeeding year.

There is no reason to postpone the development of Federal standards or of activities necessary at the State and local levels preparatory to program expansion.

2. We believe that the basic objectives of S. 1512 are eminently sound.

It recognizes comprehensive child development programs as a matter of right of all children and that these programs must include health, social and cognitive and other services.

We also welcome the bill's recognition of the need for funds greatly to expand physical facilities, its emphasis on funds for in-home as well as out-of-home services, for training of both professionals and paraprofessionals, for the continuation of Headstart programs, for the coordination of child development programs, for assuring continuity between programs for preschool and elementary school children, and for the support of child development programs for the children of employees of agencies within the Federal Government.

When I was director of the Women's Bureau, we instituted a day-care project for the children of employees in the Labor Department, and this is one of the most exciting day-care projects in the country today, but it is tragic, that it is almost alone, as a Federal agency project. Only two or three agencies have subsequently started centers.

All of these are among the many innovative and highly constructive objectives of the bill.

Particularly do we endorse the declaration in the bill that no mother should be compelled to accept employment.

We are shocked to find in the report of the House Ways and Means Committee summarizing the provision of H.R. 1, The Social Security Amendments of 1971 and dated May 12, 1971, support of proposed provisions requiring mothers who head their families, and who have children over the age of six, to register for training and employment.

Mothers with husbands are not required to do so. Further, we note that the training and work requirements of mothers who head their families would apply to those with children aged three and over, beginning July 1974.

To require mothers on public assistance, who head their families, to accept training and employment or be deprived of benefits is unsound, discriminatory and totally unnecessary.

As I have earlier stated, many surveys document the desire of many mothers on public assistance to become self-sufficient, provided good care is available for their children.

The care should be available and the decision to use it should be optional.

3. We agree that the needs of economically disadvantaged children should have highest priority.

By using as the definition of economic disadvantage the Department of Labor "cost of family consumption of the lower living standard budget," the bill would make services available without charge to families of four with annual incomes of less than $5,500 (income would vary with the size of the family), whether the mother is a single parent or whether both parents are in the home, or whether the mother is or is not an earner.

I understand that it was the intention that this bill define the economically disadvantaged in such a way as to relate to families with annual incomes below the total lower living standard budget of the Labor Department, and not below the cost of family consumption elements of that budget, which is about four-fifths of the total budget.

This would lift the annual income ceiling for free care to $6,900, but I will continue with my comment relating to the definition now in the bill, which would set the income ceiling at $5,500 to illustrate the problem which I think still exists, even were the definition in the bill to be corrected.

The largest part of available funds would be allocated for children in economically disadvantaged families and they would have highest priority, in terms of availability of services.

While we agree that fees for service should be charged families above the disadvantaged income level, in accordance with income, there are about 10 million working wives with family incomes of $5,500 up to $12,000, and they represent nearly half of all working wives. (About 15 percent of all working wives are in families that are "economically disadvantaged" according to the definition used in S. 1512, and about 38 percent are in the over-$12,000 family income bracket.)

Families in the middle-income brackets, as I have stated earlier, cannot afford to pay the full cost of developmental child care services. This is recognized by S. 1512 but their needs are given a considerably lower priority than those with lesser income.

While in principle this seems sound, it does not take the relative numbers within the two groups sufficiently into condiseration.

Further, a nonworking mother in a two-parent family with a family income of $5,000 would have a far higher order of entitlement to day care services for her preschool children, for instance, than a working mother who through her earnings lifts the family income from below $4,000 to $6,000.

If the income level definition of the disadvantaged is raised to $6,900 from the $5,500 level, it meets the problem I have raised in part, but not entirely. While about 28 percent of all children were in families with total money incomes under $7,000 in 1969, 81 percent of all 2-parent families in which the wife was a wage earner, had family incomes of over $7,000. So that we still have, what I think, is a problem in terms of the concentration of need just above the redefined "disadvantaged" level, especially among working mothers, whose number far exceed the numbers of those acutely disadvantaged.

I would urge some further consideration of this type of problem.

(The great majority of working mothers who are single parents would come within the scope of the definition of the economically disadvantaged, and so would have the highest order of priority, which they should. Hence I have restricted my illustration to the problems posed for working wives.)

4. The provisions with respect to prime sponsors and their responsibilities seem, in general, sound. But there are very serious difficulties, in our judgment, in the proposals for the establishment of local policy councils in every neighborhood, and in other subareas with a "commonality of interest."

We are in agreement that it is essential that parent involvement be maximized and that parents should play the largest possible role. This is a vital goal.

But the bill would require an election in every neighborhood in the country of local policy councils made up of parents or their representatives who would determine needs and priorities, encourage project applications, and, on the basis of hearings in the neighborhood, decide which applications should be recommended to the city or State child development councils for approval.

Who would decide what a "neighborhood" is or a subarea of commonality of interest?

Who would conduct and monitor the elections?

To hold literally hundreds of thousands of elections as a starting point for all further action with respect to project and program funding poses an overwhelming administrative task.

Ultimately I would hope parents could play the full and decisive role envisaged in the program and which are so important to them and their children. However, the huge multiplicity of local councils proposed and the immediate and immense responsibilities assigned them pose very complicated problems.

Elections on this scale, and the contemplated staffing of every local council, would impose vast organizational problems and costs.

Could the armies of volunteers on the scale contemplated be so quickly recruited and trained not only with respect to the delivery of the prospective full range of services, but also as to what constitutes high quality service, and to all the financial and operational and administrative problems involved?

Given a little more time, parents will and should become closely involved. But the bill requires that the neighborhood and other subarea councils be established and become operational before anything can really get moving, for at least one-half of the members of the citywide or county child development councils, which are assigned the key role at the city level, must be representatives of the neighborhood local policy councils.

We would urge consideration of the initial establishment of councils on a much larger geographic basis than the proposed nieghborhood based councils, perhaps in some cases related to areas as large as the city or county, and composed of parents, other informed community leaders and representatives of the agencies concerned.

This would make for the speedier action so imperative in the development of child development programs and services.

From this starting point we could work toward the subsequent development of active parental participation and involvement at the neighborhood level.

5. We note that a provision of the bill which would provide funds for child development programs of private educational agencies and institutions raises a question of possible violation of the generally sound principle of separation of church and state.

6. Inadequate consideration is, we believe, given by the bill as to how Federal standards are to be administered and enforced at the local level.

This is one of the most difficult problems we confront.

7. While it is indicated that there is to be a non-Federal share of the costs of programs through public or private funds, the extent of such financial responsibility is not clear.

8. While there are other important elements of the bill we might comment on, in the interest of time I will limit myself to only one additional matter.

S. 1512 would enable any party dissatisfied with the Secretary's action with respect to disapproval of applications, to file a petition for review of the action with the U.S. court of appeals for the circuit in which the dissatisfied party is located.

We would suggest that consideration be given to the establishment of independent regional review boards for this purpose, with appeal to an especially established national child development body.

Under the procedure suggested, it would be a year or two before a case could be heard and acted on. It also assumes our courts, overloaded as they are, can cope with the specialized problems relating to day care.

The proposed access to court review would be slow and burdensome, and would require a specialized knowledge of the problems involved which the courts do not have.

In closing, may I express the hope that a wider measure of agreement be sought on the part of those most informed and concerned, with respect to an approach to the delivery of developmental child care services and programs which would be sound and expeditious.

I am confident that public opinion will support large-scale appropriations of the magnitude S. 1512 proposes, but I do believe that further work needs to be done to widen the area of agreement with respect to administrative and operational approaches.

I greatly appreciate the opportunity to testify today.

Senator Mondale. Thank you, Mrs. Keyserling, not only for an excellent statement, but for your pioneering work in this field.

I do not have to tell you that the data and the information needed in this field is very hard to come by, and we look forward to the publication of your information to help us further our understanding of this area.

One of our key points seems to be this, that our bill perhaps emphasizes the poor not too much, but as against working mothers who might be slightly over the poverty line.

Do you believe that the developmental child care is needed for those mothers as well, and that our bill should make that possible, perhaps with a sliding fee scale for those at the upper ranges?

Would that be an accurate reflection of what you are saying?

Mrs. Keyserling. I am sorry. I did not hear that.

Senator Mondale. Would that be an accurate summary of what you are saying?

Mrs. Keyserling. Yes. I am not questioning the highest priority you give to the disadvantaged children.

You are defining disadvantaged in a way that I applaud, not as those below the $3,850 income level, in the case of a family of four, which we now call poverty.

That is far too low as a level. Your level, defining economic disadvantage is better, including families below the $6,900 income level.

As I said, about 28 percent of all children are in families with incomes below $7,000.

Those are 1968 figures; they were the latest I could get.

I think we could obtain the comparable 1969 income figures. I do have 1969 family income figures for the mothers who work, and 81 percent of the two-parent families in which the mothers work had incomes of over $7,000.

Senator **Mondale**. Eighty-one percent of the working mothers had incomes in excess of $7,000?

Mrs. **Keyserling**. That is right; that is family income.

Now, you see, if a mother does not contribute earnings to the family, as I remember the figures, roughly two-thirds of the two-parent families in which wives don't work have over $7,000.

Only 2½ percent of the families with working wives had family incomes of under $3,000.

Senator **Mondale**. Which is why you say the biggest answer to poverty is the working mother.

Mrs. **Keyserling**. That is right.

Senator **Mondale**. So we have a national policy, which because of economic reasons, has produced a dramatic increase for working mothers, and now a family assistance program which may force poverty level mothers to work, and the result is that the children are sort of being left behind, as you described, in many different ways: Latch-key children under the care of minors, in bad conditions, others in terrible day-care centers. What will happen, what would be the long term repercussions of this policy, unless we begin to provide quality comprehensive day-care services to those children?

Mrs. **Keyserling**. An increasing number of children will suffer irreparable harm the rest of their lives, there will be no doubt, unless we greatly expand quality day-care services.

When I look at the picture and see we have facilities today in licensed day-care homes and centers, for only 650,000 children, and note that there are 6 million children today of working mothers, and 3½ million children in poverty, then I realize how large a percentage of our children, how large a number are being very badly cared for.

Senator **Mondale**. You estimate about 600 some odd thousand now in day-care centers?

Mrs. **Keyserling**. Not centers only. There are about 650,000 children in licensed homes and centers.

Senator **Mondale**. Even those 650,000 places are not necessarily the quality kind?

Mrs. **Keyserling**. I would say more than half are not quality.

Senator **Mondale**. So even with that, let's assume 600,000 places, as against an estimated need of somewhere about 9 million.

Mrs. **Keyserling**. Plus all of the other children who should have it besides the children with working mothers and those who are disadvantaged. Make the figure higher.

Senator **Mondale**. If we just began with those two groups there are about 600,000 places as against the 9 million needed.

Now, what age group is that 9 million children?

Mrs. **Keyserling**. Those are children under the age of 6.

Senator **Mondale**. Under the age of 6?

Mrs. **Keyserling**. Yes; that combined number. It may be less than 9 million because there is some overlap.

Senator **Mondale**. How much of an overlap would you estimate, a million, or a million and a half?

Mrs. **Keyserling**. It might be between 500,000 and a million overlap.

Senator **Mondale**. Yes.

I believe that takes care of it.

Thank you very much for your most useful statement.

STATEMENT OF DR. JAMES COMER, YALE CHILD STUDY CENTER, YALE UNIVERSITY, NEW HAVEN, CONN.

Senator MONDALE. Our next witness is Dr. James Comer of the Yale Child Study Center, Yale University, New Haven, Conn.

Dr. Comer, you may proceed.

Dr. COMER. Thank you.

I would like to thank you for this opportunity to testify before the subcommittee.

I would like to speak for several minutes on my feelings about the need for comprehensive child development program.

I would like to read a statement, and then I would like to say something about my experience in a school program in New Haven and the problems I encountered there, problems I think are the result of inadequate child development programs, and then I would like to say a word about some of my experiences in foreign countries and what I observed there in the way of their interest in child development.

A 6-year-old in the first grade today will be 35 years old—at or entering the most productive years of life—in the year 2000.

To function as a mature, competent adult and responsible citizen in the year 2000 will require the highest level of intellectual, psychological, and social development ever required in the history of the world.

If our children of today do not receive the needed developmental experience in sufficient numbers, every problem we are concerned about today—crime, hatred, alienation, anger, rebellion, and so on—will be greatly increased; probably beyond the level that a society can tolerate and thrive or perhaps even survive.

Preparing our children for the year 2000 is not an ordinary challenge.

Prior to 1900 most children grew up and lived in a world which was like that of their parents and their parents' parents before them. Skills—intellectual, social, and psychological—required to train for work and play as adults were minimal to moderate. Change was very slow. Since 1900 this Nation has passed rapidly from a horse and buggy society through the automobile age to the age of the jet and superjet. All of this has taken place in the lifetime of our present day senior citizens.

Too many children born in 1900 and 1920 and 1940 were not prepared or permitted to function at their optimal level in the decade of the 1960's.

Individuals and the society have paid a high price in mental anguish, social conflict, and cash dollars for the failure of the past. The challenge of the future is even more difficult. The cost of failure in the future can be societal decline and destruction.

It has been estimated that by the year 2000 the planet Earth will hold more than 6 billion people and the United States will have a population of more than 300 million people.

It will take skillful use of scientific and technological knowledge and tools to feed, clothe, and house the people of the world. It will take a dramatic improvement in the utilization of our knowledge of development and behavior to make it possible for so many people to live together in relative harmony.

It can be done, but it will require as much effort and support to promote adequate human development as we now give to the promotion of the knowledge and tools of science and technology.

In that regard we have a National Institute of Health. We generously support research and development in science and technology. But we have badly neglected child development. We cannot continue to do so.

In a short time, scanning machines will be able to read any legible script or printing. Typewriters may soon operate in response to the human voice. Over 15,000 farmers are already using computers to help them with bookkeeping and farm operations. Picture telephones will connect Hong Kong and New York. Fewer people will be able to produce and provide the goods and services we need.

We cannot introduce large numbers of children who cannot meet the relationship and work and leisure time demands of the near future into the society and hope to survive.

In fact we cannot really know all the demands of the future. For example, man has always organized his existence around work. We may only be "around the corner" from an age when fewer people need to work. We cannot be prepared for the vast implications of that age if we fail to meet the demands of this age.

Regardless of whether we can predict the specific demands of the future or not, the way to prepare for it is to promote optimal development in as many of our children as possible.

This will require the development of children capable of acquiring a wide range of skills, flexible and fair in mind and manner, and capable of change to be able to tolerate the many changes which will occur in their lifetime.

All about us we see the fruits of the failure to prepare for the demands of 1971. Across town there are people in jail who could have been productive citizens.

Our streets are made unsafe by youngsters and adults who very often were neglected, rejected, and abused. Many of our schools across the Nation are powder kegs. Many of our children are on "hard drugs."

Because of past social policy, a disproportionate number of our children in trouble belong to minority groups—black, Indian, and Spanish-speaking people. Like the relay runner who has dropped the baton, we must stop and pick it up—compensate for the past—or we will lose the race regardless of how swift we run.

To meet the developmental needs of all our children, we need a comprehensive child development program.

It must be adequately funded. It must not permit the child who grows up in a town with a low tax base to have less good development than one who grows up in a town with a tax base which can provide the needed developmental services.

It cannot be made available to people who have withdrawn in hopelessness and despair, raising their hopes, and then withdrawn next year with cruel disregard for their feelings and fortunes.

It must not ignore any age child, any income group, or any racial, religious, or ethnic groups.

Most of all, it must provide for the involvement of parents in programs designed to promote the development of their children. Bill S. 1512 addresses these requirements to the extent possible.

The time is late. The time is now. There is no need more important to your children, to my children, to the future of the Nation than an adequately funded comprehensive child development program.

I am currently involved in a school program in the two inner-city schools in New Haven. The types of problems that come into these schools, I am quite certain, are the result of our failure to provide the kind of child care programs that we need.

Mrs. Keyserling mentioned the problem of fathers caring for children while mothers work. These fathers very often are sleeping a good period of the time, while the children are home.

They are siblings who are taking care of the children, who do not attend schools, sometimes because they are taking care of younger brothers and sisters. They feel abused, because their time and their play and their period of being children are being compromised by the need to take care of younger brothers and sisters.

Very often where families operate under such conditions, they are families in conflict.

We see these children coming into schools, angry, rebellious, feeling exploited having developed ways of relating to adults, which are the result of living under difficult situations.

One youngster I am working with currently, was in several foster homes during the period in which he was in his early development. In one of those foster homes, he was tortured. Just last week he set fire to his cat.

I think that such conditions as this result from the unsupervised, difficult, neglectful situations which we allow our children to grow up in. It can only come home to us in problems much more difficult to solve at a later date.

The level of underdevelopment is fantastic, really unbelievable. We have children who come to school, who do not know their letters, who do not know directions, who are really very bright children.

We have children who test retarded, but with some interaction with trained people who are concerned, some of these children turn out to be very bright.

The level of language development in schools we are working with is greatly below capacity.

Within 1 year, once the program was stabilized, the achievement scores in math, in reading, more than doubled for the students in these schools.

I think that it is really criminal. We realize that there are many children within that same city who could do just as well or better with minimal services.

There are many children across the country who are not under conditions as good, or as supportive of their development as those in an urban center like New Haven.

There has been a great deal of criticism of teachers, and what they are doing for children. Yet we bring children, or allow children to come to school, who have lived under such difficult and extreme conditions. They are very often angry and alienated.

The demand they put on teachers who are not prepared to deal with such problems, who have not been trained to deal with such problems, is really asking too much.

We are asking teachers to overcome the failure of the society to provide the kind of early experience that the children needed, but it is not only child care, early child care programs that are necessary. As a child psychiatrist working with children of all ages, I have been called upon many times to interview children, to make a diagnosis, and to try to find placement for children.

I have called very often across the State of Connecticut, to every residential treatment center I could find, and think of, and nobody could accept a child, and yet you find children who with just a bit of help, with a little assistance, could perform adequately. But these facilities are not available.

I am on the Board of Pardons for the State of Connecticut, and I see many young people, young men, who have been in jail 2, 3, 4 years, who are not criminal types at all, who really were trying to cope, were trying to make it in the society, and we did not provide the kinds of support they needed.

We did not provide the kinds of developmental facilities they should have had. Many of those people do not belong now in jails. They should be in residential treatment centers. We do not have enough of them.

It was so different when I went to Sweden, Israel, and England, to see the kinds of concern they have expressed for children.

In Stockholm, there are supervised parks, so that when children come to play in the park, there are adults there to provide for the supervision they need.

The day-care centers are available to a vast number of people. They feel they do not have enough, and yet what they have is far more than we provide for our children.

Preference is given to the poor. Preference is given to families under difficult conditions, so that the unwed mother gets preference, rather than being ostracized, and unable to perform in the society, as so often happens here.

I saw a school for children with an IQ between 50 and 70, which would put most schools in this country to shame: the kind of equipment, the kind of staffing, the kind of morale, the kind of support, for children who, even functioning at their best, are not going to be able to hold the kinds of jobs we very often consider most important in this country.

I saw there with children of low intelligence the kinds of attention we do not give our most talented children.

I think that we are very far behind. I think that we are going to pay a very great price if we do not move very rapidly.

I do not even know that we can move fast enough to meet the needs of a very short period: 5, 10 years from now. The children who are growing to adulthood today, who are in the schools today, are restive; they see the shortcomings of our performance and they want change. We are going to pay a high price if we do not bring that change, if we do not bring the opportunities for these children.

I would like to make one point about the neighborhood policy councils. I am very much in agreement with many of the points that Mrs. Keyserling made. But I would like to stress the concern, particularly, about neighborhood councils and community control.

The fact is we simply do not trust an established government. We simply do not trust city hall. City hall has demonstrated time and time again that it has little interest in the development of black children. It very often uses whatever comes to the community as a way of increasing its control over the black community. I recognize the difficulty—the administrative difficulties—in getting programs off the ground, where parents are involved.

At the same time I think I am very much concerned about this problem, and I think that parents have to be involved from the beginning.

If there is some compromise way to get communities involved, while making a better administrative arrangement possible, then I would agree to that, but I would like to stress this matter of trust, because I think trust is so terribly important.

Senator **Mondale**. Thank you for an excellent statement. I did not have time to go into some of the points that Mrs. Keyserling made.

If one looks at the ESEA title I program, programs for migrant education, programs for desegregation, Indian education programs, I think they have all suffered, and some of them would have been better off undone, because they did not begin with any appreciation for acceptance of the people being served.

The tricks that are played are limitless: segregated white swimming pools built under title I funds is a good example; white English teachers teaching Eskimos who cannot understand English is another.

That is repeated thousands of times with Puerto Ricans, Portuguese, Orientals, Mexicans.

It is done to all of them, and it reflects a very strong streak in American life for the paternalistic guardian-ward relationship, where we do-gooders carry a profound insult in our way of ignorance.

The whole school system in this country for white Americans has been based on local control—community control—except in the big cities where nobody controls them anymore. The theory was that the parents knew what was best for their own children. But somehow, when it comes to poor folks or blacks, that concept changes, and that is why we have the strategy in here to try to twist that around, to begin first by tapping the enormous strength and power of parents themselves in the community.

Now, there are administrative difficulties, but I do not think there are problems any greater than in the National Labor Act, which has run a very good program that is close to the workers.

Second, I am increasingly convinced that we should not pass social legislation which does not have a legal enforcement remedy built into it.

I have little confidence that any administrator can run a program alone. Even when he tries, bureaucratic resistance is so great. The big corporations of this country understood that a long time ago. They just go in and sue. The Auto Safety Division of the Department of Commerce has been sued, I think, a thousand times.

They do not play around with bureaucratic discussions and consultations. They would not dream of accepting an advisory committee as an alternative to a legal remedy.

They just sue. Unfortunately, poor people cannot sue because they cannot afford it. And that is one of the reasons these programs fail.

So we hope to build into these various programs remedies—usable remedies—that permit justice.

We are trying to see that the law works the way it was intended.

I know there are administrative problems, but I do not think they compare with the problems of really dealing with a power issue, and that is where you must begin.

Would you agree with it?

Dr. **Comer**. I would certainly agree with it. There is even evidence where parents become involved, they become concerned with the programs that deal with their children, so that the children have such parents that perform better for their children rather than if they were not involved.

Senator **Mondale**. They are proud of their parents. When parents get involved in schools, often as paraprofessionals, or teachers aids, I think the children feel they are more important.

Dr. **Comer**. I think it influences. I think it has an impact on their self-esteem.

It gives the children the feeling of being protected, wanted, and I think it is terribly important that parents be involved and working as equal peers, people running the program.

Senator **Mondale**. We have seen this, I think, in small teachers aid programs developed in OEO.

There are several good examples. I have talked to some of the mothers. They need the employment admittedly, and they upgrade their own career concepts, the esteem of themselves, and they all remarked that there was an improvement in the relationship with their children.

For the first time the children thought highly of their parents.

Welfare carries a tremendous stigma psychologically.

Dr. **Comer**. It is terrible. I think as it exists, it creates the very thing that it is supposed to relieve.

Senator **Mondale**. We have a remarkable program at the University of Minnesota, which encourages welfare mothers to go to college.

There are 400 or 500 of these mothers in the university.

Those mothers have a higher average than the average student.

I talked to one mother with nine children, who is going through the program, doing very well. I said, how can you stand it.

She said, "My children would not permit me to drop out; they go all over the community bragging about their mom at the university; they are proud of me."

You get an entirely different concept of welfare people once you meet them.

Well, thank you very much for a most useful statement.

STATEMENT OF DR. DAVID P. WEIKART, PRESIDENT OF HIGH-SCOPE EDUCATIONAL RESEARCH FOUNDATION, YPSILANTI, MICH.

Senator **Mondale**. Our next witness is Doctor David P. Weikart, president of High/Scope Educational Research Foundation.

Please proceed as you wish, your prepared statement will be printed in the record following your testimony.

Dr. **Weikart**. I would like to express my appreciation at being able to appear this morning, and have an opportunity to talk about this important bill in terms of the growth and development of our children.

I think I come to the committee from a very different background from others I have heard this morning, at least, because of my work and experience in the actual operating of programs, and in conducting work with youngsters as young as 3 months of age, with preschool Headstart, and currently in the Followthrough, grades K through three.

I think I also have another concern, which is that a piece of legislation sets up a condition, which will allow certain things to happen, and one of the problems we faced in the past, is that programs have been set up, particularly in education, but in general, and our findings in the field have discovered they have been relatively ineffective in introducing the kinds of changes that were envisioned by the programs, of the legislation that initiated the programs.

Indeed, it is almost to the point, in general, that we can have such a program as title I, Headstart, and perhaps even Followthrough for Followthrough may stand as a very distinct exception to this, that in general the programs were operated without any specific orientation or program effort, and in general do not seem to accomplish the goals they set out to accomplish, and in preschool, using that as an example, the things we find, it takes a very highly specialized project, run by a researcher or very clearly focused operation to produce any kind of major outcome, other than the general statement of goodwill, satisfaction of program, general feeling of comfort about the children, and so forth, which are all good in and of themselves, but do not speak for support for the large-scale fulfillments envisioned in the bill.

The question then presents itself, if programs have had difficulty in becoming effective in the past, are there some things which we have learned in the last several years that will allow programs to be more effective, and I think our feeling is a very firm yes on that point.

It is possible to operate a program within a variety of structures and operate them successfully.

I think by way of summary, in preschool areas, we have come down to these two major issues, the necessity in an effective program of adequate planning, by the staff, and the provision of adequate supervision for the staff.

Those may seem to be quite elementary points, but in education planning is regarded as a function of school, of college training, something you do during that period of time, but do not carry on later, and, in education, supervision is regarded as an infringement on the expertise of the teacher.

This also has been true in other programs where professionals have been involved, because supervision is often seen as a way of enforcing one person's opinion on others, and this is resented greatly, and yet without these elements, no programs work effectively.

As we thought ahead, how could one set up conditions that would help a program really function, and we have focused on four other elements.

One is a clear representation, or clear definition of the delivery by which the program would be given to the children, or delivered to the community.

Second is an adequate focus on staff training, where all personnel involved in the program are brought to a level of expertise, through a constant concern with training.

Third, is the staff model, the idea of setting up a program; the process by which a staff works together and comes to the solution of the problems is perhaps more important than the particular activities which they undertake.

The fourth point is the aspects of quality control. The need of each program to define some device by which we can get a daily reading, or monthly reading of whether or not the program is meeting its planned objectives.

To me, this is the important four points, it seems relatively elementary, and yet a program that I am connected with, we think these are the major things that are lacking, and have to be put in very clearly.

I think that a special point that relate to my concerns, and is not represented in the bill, is the traditional concern in the bill to express the parental involvement and the parental decisions in the operation of the program.

In talking to a woman in New York City, making a strong pitch for local control, she was a community representative from one of the local groups, and she was giving a very strong discourse on this point.

As we talked, I finally got her pinned down, and it turned out she represented the community of an area that included some 27 schools and 40,000 children, and in an area such as I come from in Michigan, that is a whole county, and we would not put up with that as a definition of local control, so when we get into the political ends of operations in programs, I believe it is necessary to see how it is to be interpreted in each local area.

As an educator, my concern is not the political involvement, but the educational transactions that the parents get involved in.

It may help to have the parents on the committees, increasing the prestige, but I am interested in changing the parents' pattern relating to the child, and that could be accomplished only by getting him involved, and her involved in the actual education process with the child.

If this means home teaching, that is an effective means, fine.

If it means careful work in classrooms in the center, and that is an effective means, fine.

But it seems to not be simply participation of political committees for operation of the center, nor does it mean the children being left out.

I think a second issue, which I am very concerned about in the bill, there is no provision for quality control during the operation of the project.

Under the section which deals with the applications, there is not a statement concerning the need for some kind of management for quality control aspects that would bring the week by week, month by month pressure on the program to maintain standards.

A third issue is that of training. The bill suggests the relationship of agencies conducting the program.

It also suggests these be related to whole universities and community colleges.

I think our concern is that we find these are not sufficiently powerful for providing the necessary programs, that some new elements need to be encouraged in providing credits, something that perhaps encourages an alternative in the way of training people.

My fourth point is extreme gratefulness for the advanced funding built into this bill. As I work around the country in the various centers, no problem has received as much administrative and staff uncertainty and parental upset than the minute-by-minute delayed funding, which is currently experienced. The advanced funding provided by the bill would permit professional operation.

I think the only other comment which I would like to make is the tremendous realization that it takes a longer period, a long period of time to build the staff, to build the program excellence, and to come up with a quality program that is envisioned in this kind of program.

Ample time must be provided for evaluation to occur during the operation, but also at the end of it, and this requires an extended period of time, 5 to 7 years, which is not an unrealistic time dimension.

If there are any questions, I would be glad to answer them.

Senator MONDALE. I believe you have done considerable work with home tutors. Would you comment on that strategy?

Dr. WEIKART. Our particular focus has been carried out with infants under the Carnegie program, under their funding, and with 4-year-olds, in conducting a home tutoring program, without the children coming to school.

Also, in Followthrough and Headstart projects, and with our own preschool work, we include home teaching as part of the school.

I think there are several elements. One is the tremendous importance of the home tutoring as a way of allowing a teacher to accommodate to the values in the home, and one of the prime issues which is faced in working with disadvantaged families is the imposition of white middle-class values, or black middle-class values. Home teaching is one of the most effective ways I know of in avoiding that issue, because you come into the home, after the appearance request, and you carry out things in the confines of her home in her territory, if you will.

We feel home tutoring is a good way of meeting their needs, as they express them, rather than have them meet our needs.

Senator MONDALE. Have the workers been well received, and permitted to come into the homes, or has there been a high percentage of rejections?

Dr. WEIKART. An extremely low rejection rate. All of the parents we were working with, they seem to feel that once we have established that we are honestly concerned about their child as they are concerned, they are willing to accept us. I would say our rejection rate over the last 10 years has run about 1 percent. We have had very minimal rejection. We welcome the opportunity for assistance.

Senator MONDALE. If we succeeded in establishing a national program for early child care, for the poor and for the working mothers, what would be the consequences for American society, what would be the consequences of not doing it?

Dr. WEIKART. I cannot really respond to that, but I will talk some from my own viewpoint.

I think that the general trend we are seeing, particularly with teenage and young college students, is that a large portion are almost incapable, in the sense of coming into an organization and taking effective steps to meet the problems they see. They cannot work within any kind of organization or plan an organized sequence of action. This problem suggests that there is a tremendous disillusionment on the part of these groups with the way things are.

I think that the bill as such, as it is provided here, will give a basis for developing talents and skills for the very young children, allowing them to be more effective in their thought processes, and the way they handle the world as they grow older; and I think it will make a highly significant change in the kinds of children we are educating, we are dealing with as teenagers, so I feel very strongly that this type of bill is long overdue; and despite the problems of implementing it, it should be done.

If we do not do this kind of work at this time, I think we can only anticipate greater problems, more rebellion, if you will, malicious destruction, random kinds of striking out as we are experiencing now, so I think the bill will make a substantial step toward at least effectively helping children grow in a more open, more secure fashion.

(The prepared statement of Dr. David P. Weikart follows:)

A Statement on
The Comprehensive Child Development Act of 1971*

David P. Weikart**

My own field of concern is early childhood education -- infancy, preschool, and early elementary grades. My particular interest is the design and application of special programs created to assist all children to realize their maximum potential. I am interested in accomplishing this aim within the real life situations of the home and the regular school as opposed to a laboratory or other artificial setting. The Comprehensive Child Development Act gives strong emphasis to creating the kind of climate and financing that would permit the rapid expansion of services to children. The bold potential of focused services through the Child Development Councils would seem to offer solid support for the benefit of children. The bill clearly provides for services to children through their families supporting the basic mother-child relationship as the primary basis for the social and intellectual development of the child.

My problem with a bill such as this is not the intent of the legislation, with which I am in full agreement, but with the potential that any such social and educational action program has for effectively meeting its stated goals. Perhaps the area of preschool education can serve as an example of the problem.

From many points of view to ask that preschool education demonstrate effectiveness as treatment is naive, for we seldom ask this type of question about educational efforts. For example, while a number of states have adopted statewide kindergarten programs, one seldom hears of comparison studies of achievement rates between those children who had kindergarten and those who did not. Yet the question whether preschool education makes a difference has been the subject of much debate. For example, the demand that preschool education make an impact on later performance is the major issue in the current criticism of Head Start, and it is the major research focus of the Head Start Planned Variation Study being conducted by the Office of Child Development. What will be the evidence upon which to judge the impact of preschool experience? Will scores from standardized intelligence and achievement tests be used? Or perhaps scores from measures of creativity or problem solving? How about indices of changed attitudes toward education and society in general or of beneficial effects on younger brothers and sisters? The lack of agreement on criteria is a major stumbling block to answering questions about the impact of preschool education. If, however, the criterion of scores on standardized tests is employed, a partial answer to the question of preschool effectiveness can be found in the research of the past decade.

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* Testimony offered before the Subcommittee on Children and Youth, Committee on Labor and Public Welfare, of the U. S. Senate, 26 May 71.

** The writer is President of the High/Scope Educational Research Foundation, a private non-profit educational research foundation in Ypsilanti, Michigan. He is a national sponsor in the Office of Child Development's Planned Variation Head Start project and in the Office of Education's Follow Through project with educational centers in New York, Mississippi, Florida, Illinois, Missouri, Colorado, Wyoming, and Washington. He has done longitudinal research on the effects of preschool education since 1962 with funding from the Office of Education, the Carnegie Corporation, and the Spencer Foundation.

The research from special compensatory preschool projects all tend to support one specific conclusion: Experimental projects in which researchers have direct control of the curriculum, the operation of the project, and the research design seem to offer potential for immediate positive impact in terms of their stated goals. Such projects can produce measurable impact on intellectual, academic, and social-emotional growth as long as four years after the preschool intervention. Preschool experience *can* make a difference for disadvantaged children. Unfortunately I am speaking only for special situations. The generally neutral findings from critical reviews point up the fragile nature of this conclusion when applied to the field of preschool education beyond special research projects.

The dilemma that this bill presents, then, is that while it will provide outstanding basic services to children and their families, will it also provide the structure to create effective programs? Again, let me use an example from preschool research to illustrate the problem.

Since preschool can make a difference under certain conditions, it is important to know if the wide range of early education curricula have differential impact on children. While it is unlikely that any *particular* program with a given orientation is more effective than any other similarly styled program, it would seem reasonable to assume that general approaches differ significantly in their ability to help preschool children.

A few years ago, a review of preschool research found that the few programs which were effective in obtaining immediate gains on intellectual measures and some indication of later academic success could be classified as Structured. "The conclusion is that preschool projects with the disadvantaged child must provide planned teacher action according to a specific developmental theory in which the primary goals are cognitive and language development . . . The traditional nursery school methods . . . are ineffective in accomplishing the basic goals of preschool intervention with the disadvantaged child." While such reviews underscore the ineffectiveness of Child-Centered curricula with disadvantaged children, there is still the question of which of the more structured are most effective.

In an effort to answer this question, the Ypsilanti Preschool Curriculum Demonstration Project was established in the fall of 1967. The programs selected were a Cognitively Oriented curriculum and a Language Training curriculum. The Cognitively Oriented curriculum had been developed over the five years of the Ypsilanti Perry Preschool Project. This is a carefully structured program based on methods of "verbal bombardment" of our own design, principles of socio-dramatic play as defined by Sara Smilansky, and principles derived from Piaget's theory of intellectual development. The Language Training curriculum was developed by Bereiter and and Engelmann at the University of Illinois. This is a task-oriented program employing techniques from foreign-language training; it includes the direct teaching of language, arithmetic, and reading. In order to complete the spectrum, a third program was established that would represent the traditional approach. This program, the Unit-Based curriculum emphasized the social-emotional goals and teaching methods of the traditional nursery school.

Children in the curriculum study were functionally retarded three- and four-year-olds coming from disadvantaged families living in the Ypsilanti school district. They were stratified according to sex and race and randomly assigned to one of the three treatment groups. Two teachers were assigned to each curriculum model after they had an opportunity to express a preference. They taught class for half a day and then conducted a teaching session in the home of each of their children for 90 minutes every other week. The home teaching was executed in the same curriculum style as the classroom program the child attended. Essential to the demonstration aspect of the project was that all three programs had clearly defined weekly goals. The curriculum implementation followed a carefully planned daily program designed independently by the three teams of teachers to achieve the goals of their own curricula. This provision for teacher involvement was a crucial aspect of the overall project.

Much to our surprise, each of the three programs did unusually well on all criteria, greatly exceeding improvement expected from general habituation and rapport leading to better test taking ability. More importantly, the initial findings indicated no significant differences among the three curricula on almost all of the many measures employed in program assessment: several intelligence tests (average Stanford-Binet IQ gains in the three programs by three-year-olds of 27.5, 28.0, and 30.2 points in the first year), classroom observations, observations in free play settings, ratings of children by teachers and independent examiners, and evaluations by outside critics. These data were essentially replicated at the end of the projects's second year. The basic conclusion is that the operational conditions of an experimental project are far more potent in influencing the outcome than the particular curriculum employed. The curriculum is more important for the demands it places upon the project staff in terms of operation than for what it gives the child in terms of content. Specifically:

1. Planning. Detailed planning for daily operation is absolutely critical. Experienced teachers can "wing it" without plans by following routine practices which both they and the children slide into without trouble. However, the moment planning as an organized force ceases or diminishes in its central focus, program quality drops. Planning brings the adults in the program together and forces an integratiin of their ideas so that they respond with purpose to the children. It produces a forward momentum, a pacing to the program that creates novelty and excitement for the children as well as the staff. It serves as a clearing house for interpersonal feelings that make the difference in how the staff relate to one another and the children. It produces in teachers a clarity of perception of each child, especially when part of the process is evaluation of completed curriculum activities. It provides a forum where the ideas generated by the method or theory being followed can be expressed and discussed to give an overview and total direction. Basically, it is highly satisfying to outline the major problems children face in dealing with the world as represented by the classroom and plan ways of facilitating the resolution of these problems. However, planning is also one of the most difficult things to ask of a teaching staff.

2. Supervision. While planning integrates the basic content and expression of the program, supervision makes it happen. Adequate supervision forces the teachers to consider the central issues of their curriculum model. It helps the staff to recognize when they are getting off the track or marking time. The supervisor gives direct assistance to the classroom team by underscoring the real problems in the classroom. She reviews the plans the teachers

have prepared and observes their implementation in the classroom. The supervisor raises questions for the staff about program operation, planning, and general functioning. She is the "referee" for the many problems within the team, bringing difficulties into the open rather than allowing them to be smothered over; since genuine problems with children and among staff are the basis for program improvement, to smooth them over is to avoid the opportunity for development they present. The supervisor provides inservice training based upon the knowledge she has gained from her classroom observations. This training can include demonstration teaching and video taping of key lessons or activities. On the whole, the supervisor serves as the balance wheel in the operation of the curriculum model, maintaining through supportive services, dedication, and knowledge the momentum that the staff has generated.

In order to operate an effective preschool, then, the conclusion suggested by the findings of the Curriculum Demonstration Project is that any project must have an effective staff model which provides at least two major elements: planning and supervision.

From our experience, then, we have found that the specific procedures employed by a program must be seen within the broad perspective of total program operation. It is not sufficient to simply adopt a particular curriculum model or a set of activities, expecting them to produce the quality of results desired. It is important to include at least four elements in addition to curriculum in order to produce effective programs. These are delivery mode, staff training, staff model, and quality control.

Curriculum. The curriculum serves 1) to focus the energy of the teacher on a systematic effort to help the individual child to learn, 2) to provide a rational and integrated base for deciding which activities to include and which to omit, and 3) to provide criteria for others to judge program effectiveness so that the teacher may be adequately supervised. It usually exists as a written body of information, often including explicit procedures to guide presentation of the information.

At the present time there seem to be five generalizations which can be made about the curriculum: first, structured curricula are more successful at achieving goals than non-structured curricula; second, broad curricula are equivalent and may be used interchangeably; third, the curriculum is for the teacher not the child; fourth, a theory-based curriculum encourages staff involvement; and, fifth, the selection or development of a curriculum is a critical decision. These considerations suggest that for greatest program effectiveness a structured, theory-based curriculum which is acceptable to the teachers should be adopted, but within these broad restrictions there is far more latitude in the choice of particular curricula than commonly believed.

Delivery mode. The purpose of the delivery mode is to optimize the situation in which the curriculum is presented, both in terms of effectiveness and efficiency. Elements of the delivery mode include the people involved, both teachers and learners; the media used to present the curriculum; the place in which the learning occurs; and the time and sequencing of learning sessions. In a sense it includes the physical aspects of the traditional notion of "curriculum," but by viewing them separately from the curriculum content they can be more freely shaped for maximum effectiveness.

Staff training. The purpose of staff training is to insure that staff acquire and maintain the ability to appropriately employ the particular curriculum selected for a program. It can occur as preservice training, as on-the-job training, or both. Operationally the teacher training component translates to 1) regularly scheduled training time, 2) teacher trainers, and 3) training procedures and associated multimedia materials. Traditionally, the teacher training function has been handled almost exclusively by colleges and universities. Currently, however, two circumstances make it imperative for local early education programs to conduct their own teacher training: first, most structured early education programs are so new that existing colleges and universities are not yet prepared to train the urgently needed teachers; and second, the "explosion" of knowledge in early education necessitates some form of continuing teacher education just to keep pace with new developments.

Staff model. The staff model serves to encourage each individual program employee to be creatively involved in the total program operation. In an almost romantic sense, the human involvement of concerned teachers and staff is a key element in program success. Although "staff model" can refer to formal administrative and staff organization of a program, in the sense described here it takes the form of a set of operational guidelines. The concept of "staff model" is relatively new, and the full range of operational activities which might elicit active staff involvement is not yet clear. However, there are several promising techniques which have been used in past Ypsilanti programs: 1)adequate opportunity for teachers to relate to individual children, 2) adequate planning of teaching sessions by teachers, 3) adequate provision of supervision for teachers, and 4) teacher involvement in creating and expanding the curriculum. Each of these techniques helps to infuse and maintain the "spirit" of a program.

Quality control. The purpose of quality control is to insure that program objectives are met. Quality control measures may either take the form of certain prescribed methods of routine operation or of evaluation using formal pupil tests and program reviews. Examples of methods of operation to achieve quality control are standards for the planning and supervision discussed above under staff model; examples of formal tests are outcome criteria measures such as intelligence and achievement tests; and examples of program reviews might be site visits by outside consultants. In most programs some combination of these and other quality control methods can be combined into a workable system to insure that program objectives are met.

Although the five components have been presented as equivalent in many respects, the descriptions above reveal that they are qualitatively quite different in form: the curriculum exists as written or multimedia materials, the delivery mode is an arranged set of situational circumstances; teacher training consists of a sequence of procedures with supporting multimedia resources; the staff model is a set of general guidelines for operation; and quality control consists partly of guidelines, like the staff model, and partly of specific evaluation activities. All of the components overlap considerably when translated into actual operation, so that presenting them in isolation is artificial in many ways. For example, teacher supervisors who train teachers also work toward staff model objectives and carry out aspects of quality control.

For me, as an individual responsible for the creation of effective programs similar to those envisioned by this bill and for the implementation of several model programs on a national basis, the bill rightly stresses the need for proper organization and program planning but fails to give sufficient attention to the problems of operation. From our experience it is the process of operation that creates effective programs, and the inclusion of the elements outlined above would greatly strengthen the probability of producing successful programs.

There are several specific aspects of the bill upon which I would like to comment. First, there is considerable reference throughout the bill to parent participation in the organization, planning, and operation of the Child Development programs. One of the primary problems we find in field application of innovative educational programs is the desire to place parents in the politically powerful roles as envisioned by this bill without giving due recognition to the fact that the key element in parent participation is the parents' educational role. This type of direct involvement is seldom mentioned and most difficult to obtain in practice. Maximum child development occurs, in my experience, when the parent is the primary educational agent. The substitution of teachers or other professionals or paraprofessionals for the parents cannot accomplish the objectives of the program, and having parents serve on committees will not by itself produce the alteration in adult-child relations that is in the best interests of the child.

Second, as may be assumed from my interest in quality control as a component of effective programs, I would urge that the programs operated under the provisions of this bill include systematic management review and evaluation of project effectiveness as necessary elements of all programs. The fact that procedures for assessment of the broad range of social, physical, and cognitive developmental goals are not available underscores the need to devise appropriate measures and to support their development. There are ways, such as process observations, to judge the effectiveness of specific programs in reaching their stated educational and operational objectives, and these can be employed where valid measures of long-range, general child-development objectives are not available. The essential element is the accountability that a project must accept during each phase of its operation for intensive quality performance.

Third, training in the traditional sense of preservice and inservice education will have to be extensively altered to meet the needs of programming as envisioned in this bill. In general, the idea that an individual accumulates credits leading to certification through artifical and time-limited experiences at a college or university will have to be examined critically. What is needed, from our experience, is the development of closely supervised apprenticeship programs based upon the training of staff in actual field conditions. This recommendation reflects the experience that there is frequently a vast gap between what the individual staff member has been "taught" and what he has actually learned. Closer matching of the individual's learning experiences with the needs of the program would greatly enhance the effectiveness of the teaching staff and the program. This approach to training does not parallel the traditional college or university style of training. It must be accomplished over extended periods of time and be provided on site, and the focus must be the real problems and opportunities of the actual situation. The need for individuals associated with each project as on-site trainers, the process whereby these trainers can themselves receive realistic assistance, the process of keeping the focus on the development of the children while balancing the political demands of the center - - these and other similar problems must be faced. This suggests the need for a broader definition of training. We need new methods, and these will no doubt be at variance with the way colleges and universities have conducted teacher training up to the present.

The last point I would raise is to comment with grateful thanks for the provision of Section 564 providing advanced funding for programs. In our experience, such a funding method would permit the development of far stronger staff commitment and program permanence. I cannot endorce it strongly enough.

It is important not only to look closely at a bill as significant as this but also to see it from a sufficient distance to appreciate its full potential. I don't know that I can as yet fully understand all of its implications. What is very clear to me, though, is that the Comprehensive Child Development Act of 1971 can be the means for providing the kinds of adequate services to our children that have long been overdue.

Senator **Mondale**. Thank you, Dr. Weikart.

The subcommittee stands in recess.

(Whereupon, the subcommittee was recessed at 11:35 a.m.)

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